# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13733

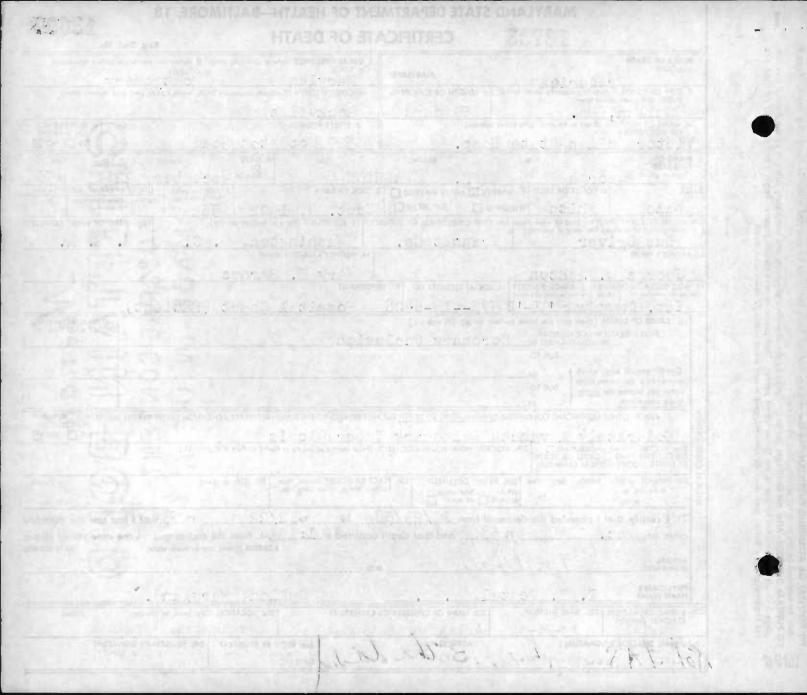
CERTIFICATE OF DEATH

13692

2000			Ke	eg. Dist. No.
1. PLACE OF DEATH 6. COUNTY  Frederick	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE  Maryland	ere deceased lived. If institution: F b. COUNTY MONTE	
b. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RURA	
Cullen, Md.	59 days	Rockville	9	1226
<ul> <li>d. NAME OF HOSPITÁL (If not in hospital, give street a OR INSTITUTION</li> </ul>	ddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
TT 1	osp.	509 Woods	ston Road	YES NO X
3. NAME OF DECEASED (Type or print) George	M. ASF	Lost	4. DATE Month OF DEATH December	Day Year 22 1958
	EDE NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF L	UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE		Sept. 8. 19	10st birthday) Mc	anths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. ) during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	ransit Co.	Washingt	ton. D. C.	U. S. A.
13. FATHER'S NAME	20,1020001	14. MOTHER'S MAIDEN N.		
George W. Ashton		Mary E. I	Barnes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.5	OCIAL SECURITY NO. 17. II	NFORMANT	Address	
Yes. CoastGuard 119-1205	7718-8968	Hospital	Chart (Patie	nt)
18. CAUSE OF DEATH [Enter only one cause per line	e for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CO	ronary Occlu	ision		ONSET AND DEATH
420.   DUE TO				
Conditions, if any, which )				
gave rise to immediate		1728 243		
lying couse lost.				214-7 13 11
	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS AUTOPSY
Modernated in Advanced			000.	PERFORMED?
Moderately Advanced	RIBE HOW INJURY OCCURRED			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS COMPANY OF THE PROPERTY	KIDE HOW HAJOK! OCCURRED	o. (Chier nature of injury in F	or for Farr II of frent 16.	
S 20c. TIME OF INJURY Month, Day, Year 20d. IN	JURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm,	20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. IN White p. m. 19	Not while foc	tory, street, affice bldg., etc.)		
21. I certify that I attended the decease	ed from 10/23/58	3 . 19 . to 12	/22 19 58 #	hat I last saw the deceased
alive on Dec. 22 19 5				an the date stated above
	A did mar deam		ADDRESS (Street, city or town, state	
ACTUAL T. 1- SEAS-	al.	M.D	( ) , , , , ,	
PHYSICIAN'S T. F. Vesta	1, M. D.	Cul.	len, Maryland	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or co	ounty) (State)
REMOVAL (Specify) Burial 12-26-58	Arlington Na	tional .	Arlington, V	irginia
23_FUNERAL DIRECTOR'S SIGNATURE	ADDRESS - A			AR'S SIGNATURE
Robert A Sumstire	Belles	Ca M PATE DE		

may be retained by the haspital or ottending physician.

TO FUNERAL DIFFETOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should stacked for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 all be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages VS A15 (4) 15M 9/SS



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	MAKT LAND	E CEDTIEIC	ATE OF DEATH	I—BALIIMORE, I	10	13693
	1373	4 CERTIFIC	AIE OF DEATH		Reg. Dist. N	0.
	EACE OF DEATH COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	b. COUNTY		fore admission)
Ī	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Wal Kursville	c. LENGTH OF STAY IN 16	1 1 1 1 1	utside corporate limits, write l	RURAL ond give n	earest town)
	J. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS	VXXIII		e. IS RESIDENCE ON A FARM? YES NO
	NAME OF First PECEASED Type or print) CHARLES	Middle WESLEY	BEARD	4. DATE Mor OF DEATH S	nth (	2 1958
5.	EX 6. COLOR OR RACE 7. MARI	The state of the s	B. DATE OF BIRTH april 14 187	9. AGE (In years lost birthdoy) 4 84 yrs.	Months Days	R IF UNDER 24 HRS
	USUAL OCCUPATION (Give kind of work done lob. during most of working life, even if retired)	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (Stole of	or foreign country)		OF WHAT COUNTR
13.	Charles Bland		14. MOTHER'S MAIDENIN.	Beard		
15. {Ye	no. or unknown) (If yes, give war or dates of service)	-	ers Elempatro	Beard, Whe	kerry'l	rec. mel.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).]			IN OC	TERVAL BETWEEN USET AND DEATH
	Conditions, if any, which gove rise to immediate code (o), stoting the underlying couse lost.	monlage, st	mach, etis	long undetern	ninel	8 hours
CATION	PART II. OTHER SIGNIFICANT CONDITIONS.	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item 18.)		
MEDICAL	Hour o. m. While		PLACE OF INJURY (Home, farm, octory, street, office bldg., etc.)	20f. (City or town)	(County	r) (Stote)
	21. I certify that I attended the decease alive an 12 3 19 5		9.4.	A, fram the causes of ADDRESS (Street, city or town, L/CBRSU/C	and an the d	saw the decease ate stated abov DATE SIGNI
	PHYSICIAN'S JAMES E. S.	TONER, JE				
	BURIAL, CREMATION, REMOVAL (Specify)  Burial 12/5/58	Haughs &	emetern	22d. LOCATION (City, town,	ura.	(Stote)
23.	G. C. Barton Wa	alkersville	240. REC'D	0 0 150	STRAR'S SIGNATI	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 funeral directar, Id be filed with VOR: After this certificate has been signed by the attending physician and campletely filled in by the stacked far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, crematian, ar remayal, and in any event within 72 haurs after death. by the hospital ar attending physician may be retained TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 1SM 9/SS

the registrar prior

page 3 shauld

		O				N N	eg. Dist. No.	
PLACE OF DEATH     O. COUNTY	Frederick	M	ARYLAND	o. STATE Mary.		d. If institution, b. COUNTY	Residence before rederi	e admission)  . CK
b. CITY OR TOWN RURAL ond give Brunswi		vrite c. LENGTH OF ST	AY IN 16	Brunswi		limits, write RUR	AL and give near	rest fown)
d. NAME OF HOSP OR INSTITUTION	100 - 1	street oddress) Avenue Ext		629 Park	Avanua	Erten		ON A FARM? YES NO 1
3. NAME OF DECEASED (Type or print)	Gertrude	Mid	dle	lost Brown	4. DATE OF DEATH	Extend Month 12	Day 7	
5. SEX Female	1077 . 2 4	MARRIED NEVER MA		DATE OF BIRTH 12-27-188			UNDER I YEAR	TF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPAT during most of wo HOUSO	ION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINES Home	S OR INDUSTR	Y II. BIRTHPLACE (SION Maryl	_	γ)	U.S.	WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
		Shewbridg			Mary (	Juthrid	ige	
1S. WAS DECEASED EV (Yes, no. or unknown) NO	(If yes, give war or dates of service			ssie Brown	n Brun	Address SWick, N	Marylan	ıd
PART I. DE	the under-	Duly	i Jan	Jelle	<u></u>		ONSI	Uyst.
ZATICATI	THER SIGNIFICANT CONDITION  (AS UNDERLYING   206	DESCRIBE HOW INJURY					IN PART 1(o) 19	P. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	/AS UNDERLYING ☐ 20b G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)							
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED While Not while of work at work	20e. PLACI factor	OF INJURY (Hame, far y, street, office bldg., e	rm, 20f. (City or to	own)	(County)	(Stote)
21. I certify to alive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	C.E. Pruitt	146-	at death o	, Br	AM, from the ADDRESS (Street)	e causes and	d on the dat	w the deceased e stated above DATE SIGNED 2-9-J
270. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 226. DATE THEREOF	22c. NAME OF C	EMETERY OR C		22d. LOCATION Bruns	(City, town, ar o	ounty) Maryla	(Stote)
23. FUNERAL DIRECTO		ADDRESS runswick, N	aryla		1 2 '58	24b. REGISTR	AR'S SIGNATUR	E

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Poge 4 CTOR: After this certificate has been signed by the attending physicion and completely filled in by the setoched for use as the buriot-transit permit. Then please remove carbon papers. Pages I and 2 for to burial, are motion, or removal, and in any event within 72 hours ofter death. may be retained by the hospital or attending physician. page 3 should

to funeral director,

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13735 CERTIFICATE OF DEATH

Reg. Dist. No.

1	3	6	9	5
-	-	-	-	

1. PLACE OF DEAT o. COUNTY	н Frederick	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryla		l. If institutio b. COUNTY	r: Residence bef		ion)
b. CITY OR TOW	VN (If outside corporate limits, v K nearest town to Md.	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF		mits, write RU	JRAL and give n	earest town	)
d. NAME OF HO	ona Convalescer	street oddress) 1t Home	/ d. STREET ADDRESS 16 eas	st 3rd St	reet			FARM?
3. NAME OF DECEASED (Type or print)	Goldie First	Middle A. B	rowning	4. DATE OF DEATH	Mont			rear 1958
5. SEX Femal	Tilland -	MARRIED NEVER MARRIED DOWED DIVORCED	June 21, 189	9. AC los	E (In years birthday) yrs.	Months Days	R IF UNDE Hours	R 24 HRS. Min.
Lab. Te	ch. at dairy	10b. KIND OF BUSINESS OR INC	Mt. Airy	, Marylar		12. CITIZEN	S.A.	COUNTRY
13. FATHER'S NAME		April 1	14. MOTHER'S MAIDEN					
IS WAS DECEASED	James Ruphus DEVER IN U. S. ARMED FORCES		France	es Dorsey	Addre			
(Yes, no, or unknown)	(If yes, give wor or dates of service	218-24-1395	Lewis D. Hoo	d, Baltin			12 m	Edm
gove rise to couse (o), sto lying couse to		ONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE CON	IDITION GIVE	EN IN PART 1(a)	19. WAS A	AUTOPSY RMED?
20a. ACCIDENT OR CONTRIBU	T WAS UNDERLYING 1 20% TING 1 CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II of	item 18.)		YES [	NO 🗌
20c. TIME OF IN	NJURY Month, Doy, Year	20d. INJURY OCCURRED While Not while of work	PLACE OF INJURY (Home, far factory, street, office bldg., et	m, 20f. (City or to	wn)	(County	)	(Stote)
alive an_ ACTUAL SIGNATURE	that I attended the de 12/3.  Dr. James B. T.	1958, and that dea	m.D.	4 Donuth PM, from the ADDRESS (Street, o	causes al	nd an the d	ate state	deceased ad above ATE SIGNED
	AVION.   226, DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION	City, town, or	r county) aryland	(State	·)
23. FUNERAL DIRECT		ADDRESS Frederick,	24a. REC	DEC 1958	24b. REGIS	TRAR'S SIGNATI		

BURSON CERTIFICATE OF DEATH deter , total . Tre he lo lettel-42-115-THE PROPERTY AND PERSONS ASSESSED. The state of the s and John Bernard M. F. Co. Berl

13698

Reg. Dist. No.

a. COUNTY	reder	ick	MARY	LAND	o. STATE	ira la	ndb. COUNTY	Fre	der	ick
	/N (If outside corporate lim ve nearest town)	ts, write c. L	ENGTH OF STAY	IN 1b			porate limits, write	RURAL ond gi	ve nearest tow	rn)
trede	rick		day		2 Brunsw					
d. NAME OF HO	OSPITAL (If nat in haspital, g	give street addre	PSS) /		d. STREET ADDRES		13/11/5			SIDENCE A FARM?
trede	rick Me	movi	al Hos	P.	6th Ave	nue, E	xtended			NO
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Ma	nth	Day	Year
(Type or print)	CHARI	LES	ROSI	A	CAREY	DEAT	H Dec		19	1958
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF UND	
M	N	WIDOWED [	DIVORCE	DO	Apr. 23,	1909	49 yrs		Days Hours	Min.
10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired	dane 10b. KIND	OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (	State or foreign	country)		ZEN OF WHA	T COUNTRY?
Conduct		() Ra:	ilroad		Sandy H	look, N	iaryland		USA	
13. FATHER'S NAME					14. MOTHER'S MAID					
Vincen	t Matthew (	Carey			Halie	Georgi	ana Ril	еу		
15. WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16. SOCI	AL SECURITY NO	17. 1	FORMANT Mr.	V. M.	CareyAd	dress	277	
No	None	719-	-03-182	5 R	.F.D.#2.	Harper	s Ferry		t Va.	
18. CAUSE OF	DEATH [Enter only one co	ouse per/line for	(o), (b), and (c).	1		VIII TO SEE			INTERVAL B	ETWEEN
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	of the	Caretro	no	1 mus	-can	eum		ONSET ANI	hour
1120	/ DUE TO	1			1				1	,
Conditions,	if any, which )	17	en in	le	tie Co	morra	~ / hom	lmi	20	-4th
gave rise t	o immediate		V 00				1			
lying couse I	ost.	1		Total .					100	
PART II.	OTHER SIGNIFICANT CON		RIBUTING TO DE	ATH BUT	NOT RELATED TO THE T	TERMINAL DISE	ASE CONDITION GI	VEN IN PART	1(a) 19. WAS	AUTOPSY
PART II,										ORMED?
	WAS UNDERLYING TING CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY O	CCURRE	). (Enter nature of injur	ry in Part I or P	ort II of item 18.)			
	TIFY MEDICAL EXAMINER)									
	JURY Month, Day, Ye		Y OCCURRED	20e. PL/	CE OF INJURY (Home,	, farm, 20f. (C	ity or tawn)	(Co	ounty)	(State)
Hour a.	m. m. 19	While at work	Nat while at wark	100	tory, street, office bldg	., etc.)				
21 L certifo	that I attended the	deceased f	rom 12/	19	1958, to	12/1	9 , 1958	that I le	act caw the	deceored
glive on	12/19	10 58			occurred ot 6	_				
l lanve on			, und mor	deoill	occorred of 35		(Street, city or town			ATE SIGNED
ACTUAL SIGNATURE	Llen -	11.6	line		4 F.	Chu	416 F	4	12/1	4/-8
	13-149		2		vi.u			L		J-f
PHYSICIAN'S NAME (Type)_	Henry	1, (	hase	2	treo	lexi	CK	Md		
220. BURIAL, CREM	ATION, 226. DATE THEREO	OF 220	NAME OF CEM	ETERN 9	CREMATORY A	22d. 106	ATION (City, town,	or county)	(Sto	ite)
/ Brisile	12/22/	58	and te	egel	o Cemeley	1 /3	ruswich	RIM	2	
23. FUNERAL DIREC	TOR'S SIGNATURE	1	ADDRESS	8	244	REC'D BY REG	STRAR 24b. REG	ISTRAR'S SIG	NATURE	
1/1/07	rald Cack	4,1	taypers.	Ter	up, W/A DATI	E DEC 2	4 '58	Ciriling	9. Hours	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13706 CERTIFICATE OF DEATH

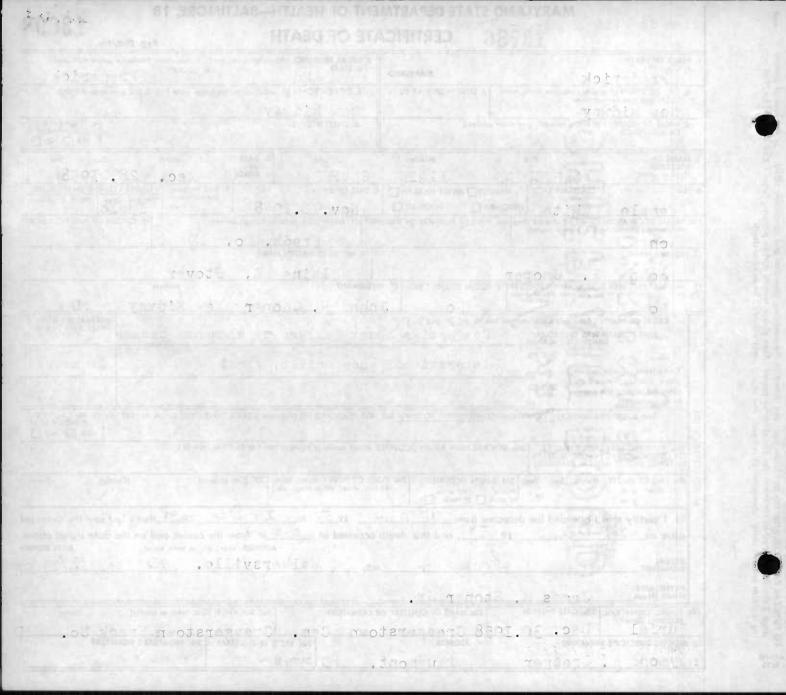
Reg. Dist. No.

2010	0	Ke:	g. Dist. No.
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Rea. STATE Virginia b. COUNTY L.	esidence befare admission) OUCOUN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL	and give nearest tawn)
	Since 6/58	Lovettsville	$3x_{-}3$
d. NAME OF HOSPITAL (If not in hospital, give street a	ddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	MAY Middle	COMPREY 4. DATE OF DEATH DEC.	27 19 58
5. SEX 6. COLOR OR RACE 7. MARRII WIDOWEI	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  11 April 1878  9. AGE (In years last birthday) 80 yrs.	NDER 1 YEAR IF UNDER 24 HRS.  On this Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE—WORK	At Home	Virginia	2. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George W. Williams		Annie Cordell	
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S   Yes. no. or unknown  (If yes, give wor or dates of service)		rol Compher (Same as item #1)	
18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last.  (c)	rleis - St hvonic /	Oedoma Perotic Cardio - prescult Vephritis	INTERVAL BETWEEN ONSET AND DEATH IZ CLOW -
CATIC		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN  D. (Enter nature of injury in Part 1 or Part II of item 18.)	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Nat while fa	ACE OF INJURY (Home, farm, 20f. (City or tawn) ctory, street, office bidg., etc.)	(County) (State)
21. I certify that I attended the decease alive an le 2 195  ACTUAL SIGNATURE SENARD O. Thomas PHYSICIAN'S Bernard O. Thomas NAME (Type)	X_, and that death	P 'D	
22a. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 12-30-58	22c. NAME OF CEMETERY O Taylorstown		
23. FUNERAL DIRECTOR'S SIGNATURE  M. R. Etchison & Son, F1	ADDRESS rederick, Mary	land DATE DEC 3 0 '58 Carif	e's SIGNATURE

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		STATE OF STREET
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haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



	1.6	040	CERTIFIC	CAI	E OF DEA	IH			Reg. D	ist. No		
1. PLACE OF DEAT	H Frederick		MARYLAN	- 11	USUAL RESIDENCE o. STATE Mar	(Where dece		l. If institution b. COUNTY			re odmis	
b. CITY OR TON	NN (If outside corporate limite nearest town)	its, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN		orporote li	mits, write R	JRAL end	give ne	orest tow	n)
	liddletown		vears	1X	Rural M	iddle	town	1				
d. NAME OF H	OSPITAL (If not in hospital,	give street	oddress)	/	d. STREET ADDRES	S						SIDENCE A FARM? NO 1
3. NAME OF DECEASED	Fi	rst	Middle		Lost	4. DA	TE	Mont	th	Do	у	Yeor
(Type or print)	John	a	Emory	C	rampton	OF DE	ATH	12	2	2	8	19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	3 8. D	ATE OF BIRTH		9. AC	E (In years I birthday)	IF UNDE	770-740	-	ER 24 HRS.
male	white	WIDOW	ED DIVORCED		8/2/188	8		70 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCU	PATION (Give kind of work f working life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (S	tote or foreig	on country		12. CI	TIZEN C	F WHAT	COUNTRY
labor			arm		Mary	land				U.	S.	
13. FATHER'S NAM	E			1.	. MOTHER'S MAID	EN NAME						
John	C. Crampto	a			Emma	Boye	r					
15. WAS DECEASE	DEVER IN U. S. ARMED FO			7. INFO	RMANT			Addr	ess			
no	In yes, gave was as advantal	2.	14-32-2602N	liss	Evabel	le Cr	ampt	on. 1	4idd	let	own	. Md.
18. CAUSE OF	F DEATH [Enter only one o	ouse per li								INT	ERVAL BI	ETWEEN
PART I	. DEATH WAS CAUSED BY:	.,								ON	SET AND	DEATH
420.	DUE TO				10	0					D. L.	
Conditions	if ony, which )		-arona	M	Lec	use	wn			1	07	we-
gave rise	to immediate		7)		-0	^					-	- 0
lying couse	lost.	(1)	aunay		Jelu	15/	5			1	23	120
PART 11			CONTRIBUTING D DEATH	UT NO	RELATED TO THE T	ERMINAL DIS	EASE CON	IDITION GIV	EN IN PA	RT 1(o)	19. WAS	AUTOPSY
PART 11  200. ACCIDEN OR CONTRIBU	France	ne	YXX	e Zi	was							DRMED?
20a. ACCIDEN	T WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury	y in Port I or	Port II of	item 18.)				
U (IF EITHER, NO	TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	-										
20c. TIME OF I	NJURY Month, Day, Ye	ar 20d. I		PLACE	OF INJURY (Home, street, office bldg.	farm, 20f.	(City or to	wn)		(Caunty)		(State)
WE	, m. 19	of wor										
21. I certif	y that I attended the	deceas	ed fram Jun	رو	, 195 7, to	121	2 -	7, 195	That !	last se	aw the	deceased
alive an	12/57	19.5	So and that de	ath oc	curred at 5	M. 1		causes a	-5			
								city or town,		/		ATE SIGNED
ACTUAL SIGNATURE	(02)	1/	Druce	M.D.	10	e .	) OR	SM	W		13	1/1/
	0					7)					/	7/3
PHYSICIAN'S NAME (Type)	Dr. A. Ta	lhot	t Brice		Jeffe	rson,	Md.					
220. BURIAL, CREM	AATION, 226. DATE THERE	OF	22c. NAME OF CEMETER	Y OR CR			CATION	(City, town, c	or county)		(Sto	te)
REMOVAL (Sp		1958	Reformed (	'om	tenn	TV	i da	Letow	n. M	d		
23. FUNERAL DIREC	CTOR'S SIGNATURE		ADDRESS	<del>J CHI (</del>	240.	REC'D BY RE		24b. REGIS		IGNATU	RE	
Glad	Bhill Comna	nv.	Middletown.	Mo	DATE		100	01	1 . 0	N.		

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after deoth. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs a may be retained by the hospital or attending physician.

TO FUNERAL DIFFICATION: After this certificate has been signed by the attending physician and completely filled in by page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremotal, or removal, and in any event within 72 hours ofter death. VS A15 (4) 15M 9/55

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs affect death. Tage 4		AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	betached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2. Id be filed with	(
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AIL	by 1	270	Set	0
0	etained by the hospital ar attending physician.	5410	P	rar prior to burial, cremation, or remayal, and in any event within 72 haurs after death,
AL	elai	11	lool	בסב

1.	PLACE OF DEATH o. COUNTY	Frede				2. USUAL RESIDENCE (WE a. STATE Mary	land	d lived. If instituti b. COUNTY		fare admission	)
	b. CITY OR TOWN ( RURAL ond give in Frede		s, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF a		orate limits, write R	RURAL and give n	earest town)	
)	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi Emergency		ddress)		d. STREET ADDRESS 507 West	Pot	omac		ON A FA	ARM?
3.	NAME OF DECEASED (Type or print)	Margaret		ewton Middle		Crim	4. DATE OF DEATH	12		Pay Yee 27 19	58
	sex Female		WIDOWED	DIVORCE	0	12-25-1869		9. AGE (In years double burthdoy) 86/89)yrs.	Months Doys		24 HRS Min.
	House  FATHER'S NAME	wife		Home	R INDUST	West Vi	rgin		12. CITIZEN	S.A.	TAUC
15	S. WAS DECEASED EVE	John			. 17. IN	FORMANT	M	ary Byr			
	199. 2	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	Pin	0	elds	Vasenlar	renor	natoris	001	TERVAL BETWANSET) AND DI	EATH
ATION	PART I. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  any, which the under the under (c)	Jan Ch	instegal	elds	/			OI	19. WAS AU PERFORM	TOPSY AED?
CERTIFICATION	PART I. DE/ Conditions, if cover rise to icouse (a), stoting lying cause last.  PART II. OT  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO ony, which the under the under (c) HER SIGNIFICANT CONE	Ch.	course Ca	elds Ldcd		INAL DISEA!	SE CONDITION GIV	OI	2 4 /	TOPSY
MEDICAL CERTIFICATION	PART I. DE/ Conditions, if cover rise to icouse (a), stoting lying cause last.  PART II. OT  200. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY)	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Ony, which the under the under to the	DITIONS CC	course Ca	ATH BUT N	NOT RELATED TO THE TERM	Port I or Po	SE CONDITION GIV et It of item 18.) y or town)	VEN IN PART 1(o)	19. WAS AU PERFORM YES 1	TOPSY AED?
CERTIFI	PART I. DE/ Conditions, if cover rise to iccove (a), stoling lying cause last.  PART II. OT  20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 1900).  20c. TIME OF INJUIT Hour o. m. p. m.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  any, which the under:  HER SIGNIFICANT CONE  AS UNDERLYING  GO CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year  19  hat I attended the	DITIONS CC  20b. DESCI  27 20d. IN. While of work	DITRIBUTING TO DE.  RIBE HOW INJURY O  JURY OCCURRED  Of work  of work	ATH BUT N CCURRED. 20e. PLA:	NOT RELATED TO THE TERM  CE OF INJURY (Home, formory, street, office bldg., etc., 1947, to	Port Lor Po	SE CONDITION GIV et It of item 18.) y or town)	VEN IN PART 1(o) (Count	19. WAS AU PERFORM YES N	TOPS:
CERTIFI	PART I. DE/ Conditions, if of gove rise to icause (a), stoling lying cause lost.  PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. 21. I certify the alive on accuse to the contribution of the contribu	ATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  any, which the under:  HER SIGNIFICANT CONE  AS UNDERLYING  GO CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year  19  hat I attended the	DITIONS CC  20b. DESCI  27 20d. IN. While of work	DITRIBUTING TO DE.  RIBE HOW INJURY O  JURY OCCURRED  Of work  of work	ATH BUT N CCURRED. 20e. PLAI fock	NOT RELATED TO THE TERM  (Enter nature of injury in CE OF INJURY (Home, form ory, street, office bldg., etc., 1947, to	Port Lor Po	y or town)  2.7, 1948  m the causes of street, city or town,	(Count ), that I last and on the d	19. WAS AU PERFORM YES 1	CStole (Stole above abov

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13707

**CERTIFICATE OF DEATH** 

13701 Reg. Dist. No.

o. COUNTY	Frederick	MARYLAND	o. STATE Marylai	here deceased lived. If instituted b. COUNT	otion: Residence before admission)  Y Baltimore
b. CITY OR TOWN (I RURAL and give no	outside corporate limits, writ arest town) Frederick	c. LENGTH OF STAY IN 16  2 Weeks	c. CITY OR TOWN (IF a Baltima		RURAL and give nearest town)
OR INSTITUTION	AL (If not in hospital, give stre rederick Memo		d. STREET ADDRESS 3825 I	ewin Ave. Ba	1t. 15  e. IS RESIDENCE ON A FARM? YES NO IN
3. NAME OF DECEASED (Type or print)	JOHN First	HENRY CROUS	Lost E	4. DATE MO DECEI	onth Doy Year mber 22, 19 58
s. sex male	White WIDO	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Sept. 30, 18		
during most of work	N (Give kind of work dane line life, even if retired)	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Edward (	rouse		14. MOTHER'S MAIDEN P	th Wilhide	
	the second as a second a second as the second		Mr. Melvin E.		Gon)Rt.#6, Frederic
ICATI	DUE TO  CO  CO  CO  CO  CO  CO  CO  CO  CO				IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE			
20c. TIME OF INJUR Haur a. st. p. m.	Wh		ACE OF INJURY (Home, farm clory, street, affice bldg., etc	n, i 20f. (City or town)	(County) (State)
21. I certify the alive an	at I attended the dece	258, and that death	M.D	M, fram the causes ADDRESS (Street, city or tawn	
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	rch St. Fred 22d. LOCATION (City, town,	, or county) (State)
23. FUNERAL DIRECTOR'S		58 OakLawn Cer ADDRESS Frederick, 1	Vin mare   n mod		Jaryland BISTRAR'S SIGNATURE July S. Frank

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VS A15 (4) 15M 10/57 I

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13708

•	1000	0						Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY			11 4	USUAL RESIDENCE	(Where	deceased	lived. If institution	n: Reside	nce befa	re odmiss	ion)
Frederick		MARYLA	ND		aryl	and	b. COUNTY	Fre	deri	ick	2
b. CITY OR TOWN (If outside corporate I RURAL and give nearest tawn) Frederick	imils, wrile	c. LENGTH OF STAY IN	16	c. CITY OR TOWN	(If outsi		rate limits, write R	JRAL and	give nec	arest town	1)
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION Wynelle Nursing Hom	l, give street	address)	1	d. STREET ADDRES		econo	i Street				SIDENCE FARM? NO []
3. NAME OF	First	Middle		Last	4	DATE	Mon	th	Do	y	Year
(Type or print)	NNIE	C.		DANIEI	S	OF DEATH	Decemb	per	22.	13	1958
5. SEX 6. COLOR OR RAC	E 7. MARE	RIED NEVER MARRIED	□ 8. DA	TE OF BIRTH			9. AGE (In years	IF UNDE	R 1 YEAR		ER 24 HRS.
Female White	WIDOW	ED DIVORCED [	I M	ay 6, 187	_		87 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of wa during most of warking life, even if reti	red)		INDUSTRY	11. BIRTHPLACE (S	late or	foreign co	iuntry)	12. CI	TIZEN O		COUNTRY?
Cheif Operator	T	el. Co.	801			Mary	Land			USA	
13. FATHER'S NAME			14	. MOTHER'S MAID	EN NAA	ME				50.0	
Franklin H	. Davi	.s		Mah	ali	a R.	Coblents	3			
15. WAS DECEASED EVER IN U. S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	17. INFOR	MANT			Rockweld	e"Ter	race	3,	
No No	0. 10.11(0)	None	Mrs.	Gilmore	R.	Flau	tt,SrI	rede	rick	Md.	
18. CAUSE OF DEATH [Enter only one	couse per li	ne far (a), (b), and (c).]	1		1				INT	ERVAL BE	TWEEN
PART I. DEATH WAS CAUSED B	Y: (a)	Osoberl	PA	omor	rec	AM			ONS	SET AND	DEATH
4443 X DUE Conditions, if any, which }	1	emerten.	ser	e card	In	Do	ascul	'u	10	SUR	jus
gave rise to immediate cause (a), stating the under-lying cause last.	TO (c)	11		de	ree	ise				1	
PART II. OTHER SIGNIFICANT CO	ONDITIONS	CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE T	ERMINA	L DISEASE	CONDITION GIV	EN IN PAI	RT 1(o) 1	PERFO	AUTOPSY ORMED?
	TH	CRIBE HOW INJURY OCC	URRED. (En	iter nature of injur	in Parl	t I or Part	II of item 18.)				
20c. TIME OF INJURY Month, Day, Hour o.m. p. m.	While	_ Nat while_	e. PLACE ( factory,	OF INJURY (Home, street, office bldg.	form, etc.)	20f. (City	ar town)		(County)		(State)
21. I certify that I attended t	he decens	ed from OCF	. 10	195 X to	De	C. 2	3,1958	that I	last se	au the	decented
alive on Dec 122	195		eath acc	12			the causes a				
100	1 /	7 3/		orred de			reet, city or town,		ne uu		ATE SIGNED
ACTUAL SIGNATURE J. SORMA	redo	Miller	M.D.	Professi		_			1	2/23	3/1958
PHYSICIAN'S Dr. Berna		Thomas		Frederic	ek,	Mary	land				
220. BURIAL, CREMATION, 226. DATE THEIR	REOF	22c. NAME OF CEMETE	RY OR CRE	MATORY	22	d. LOCAT	ION (City, town, o	r county)		(State	(e)
Burial Dec.24,	1958	Reformed Co	emete:	ry		Mide	dletown,	Mar	ylan	ıd	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		240.	REC'D B	Y REGISTI	RAR 24b. REGIS	TRAR'S SI	GNATU	RE	
M. R. Etchison & So	n. Fre	derick. Mam	vland	DATE	0.5	-0.0.0	158	Terrina?	J. 70	rauce.	

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MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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13709 CERTIFICATE OF DEATH

	101	03	0. 02.		Reg. I	Dist. No.	
1, PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mar		COUNTY	ence before admi	
b. CITY OR TOWN (I RURAL and give no Frederic	f outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		its, write RURAL and	d give nearest tow	m)
OR INSTITUTION	AL (If not in hospital, give street ck Memorial Ho		/d. STREET ADDRESS 39 Ea	st Fourth	Street	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First WALTER	Middle ALLEN	DANNER, SR	4. DATE OF DEATH	Month Decembe	r 21,	Year 1958
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH November 4,	1888 70 70	E (In years birthdoy) Months	Days Hours	
100. USUAL OCCUPATION during most of work  Laborer	ON (Give kind of wark dane 10b king life, even if retired)	Rug Store		e ar foreign country)  ryland	12. 0	USA	T COUNTRY
13. FATHER'S NAME	M Downson		14. MOTHER'S MAIDEN	NAME O. Suman			5.5
15 WAS DECEASED EVE	(If yes, give wor or dates of service)		informant rs. L. Irene		Address	m #2	
Conditions, if a gave rise to it cause (o), stoling lying couse lost.  Part II. OTH	mmediate (	CONTRIBUTING TO DEATH BU	to myo	canshall	Infancs DITION GIVEN IN PA	PERF	ORMED?
G (IF EITHER, NOTIFY	AS UNDERLYING   20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II of it	lem 18.)	TES	NO [
ZOc. TIME OF INJUR Hour o. m. p. m.	While	60	LACE OF INJURY (Home, for octory, street, office bldg., et		n)	(County)	(Stote)
21. I certify the olive on	or I attended the decear	Jantin	.m.v		couses and on ty or town, state)		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	N. 22b. DATE THEREOF Dec . 24, 1958	Mount Olivet		22d. LOCATION (C	ity, town, or county	Maryle	
23. FUNERAL DIRECTOR' M. R. Etc	s signature chison & Son. F	ADDRESS rederick. Mary		D BY REGISTRAR	24b. REGISTRAR'S S	SIGNATURE	

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U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

DATE SIGNED

(Stote)

Doys

e. IS RESIDENCE

ON A FARM?

YES TO NO DO

Year

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# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be in preded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained from riles.

TO FUNERAL L. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Be of Health, are its designated agent, prior to burial, cremation, ar removal, and fit any event within 72 hours after death. 制 I

VS. ATSME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 137/0

100	2 U						Keg. Dist. I	NO.
PLACE OF DEATH				2. USUAL RESIDENCE		sed lived. If institute b. COUN		before admission)
Fr	ederick		MARYLAN	ID O. STATE FIL	orida	b. COUN	11	
b. CITY OR TOWN (If outsite and give nearest town)	de corporate limits, write	RURAL	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	(If outside con	porote limits, write	RURAL ond give	neorest fown)
Middleto	wn		minutes	Naple	S		110 x . 0	
d. NAME OF HOSPITAL C	OR INSTITUTION (I	f not in hos	pital, give street address)	d. STREET ADDRES	SS			e. IS RESIDENCE ON A FARM?
				616 Pal	m Circ	ele		YES NO TO
3. NAME OF DECEASED (Type or print)	Fin Fra	-	W. H. Du	ltrow	4. DATE OF DEATH	Mon 12		6 19 58
5. SEX 6.	COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYEA	The second leading to
male	white	WIDOWED	DIVORCED [	2/22/1907	7	5 ] yrs.	Months Days	Hours Min.
Do. USUAL OCCUPATION (	Give kind of work of	done 10b. K	IND OF BUSINESS OR IND		tate or foreign	country)	12. CITIZEN	OF WHAT COUNTRY?
foreman	e, even it retired)	b3	dg. constr	uction M	arvlar	nd	II	.S.
3. FATHER'S NAME	***************************************			14. MOTHER'S MAIDE	N. C.			
H. Carlt	on Dutre	OW		Jenn	ie Sto	ttlemye	יונ	
5. WAS DECEASED EVER IN	U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17		2000	Addres		
no. or unknown) (If you	es, give war ar dales af s	[2]	17-10-3383M	Irs. Herman	Harsh	man, Mi	iddleto	wn, Md.
18. CAUSE OF DEATH		se per line i	for (o), (b), and (c).]				IN OF	TERVAL BETWEEN NSET AND DEATH
PART I, DEATH W	VAS CAUSED BY: MEDIATE CAUSE (o)	COL	conary occl	usion			m	inutes
1420.1	DUE TO							
Conditions, if ony,								
gove rise to immediate (o), stating the unde								
couse lost.	(c).						III Tagara	
PART II. OTHER S  200. EXTERNAL CAUSE Y PRIMARY Or CONTRIL CAUSE OF DEATH.	SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BU	IT NOT RELATED TO THE T	RMINAL DISEAS	SE CONDITION G	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	WAS BUTING []	b. DESCRIBE	HOW INJURY OCCURRED	). (Enter noture of injury in	Part I or Part II	of item 18.)		
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While		PLACE OF INJURY (Home, factory, street, office bldg.,		y or fown)	(County)	(Stote)
21. I certify that	I took charge	of the r	emains described o	bove, held an Auto	psy . I	nspection V	, Inquiry A	and in my
apinion death res	ulted fram: N	Natural c	auses 🔼 , Acciden	t [], Suicide [],		, Under		
ACTUAL SIGNATURE	30th	m	as	M.D.	L EXAMINER			DATE SIGNED
EXAMINER'S				ASSISTANT ME	DICAL EXAMINI	ER []		
NAME (Type) Dr.	B.O. T	homas	s, Sr.	DEPUTY MEDIC	AL EXAMINER	Ž)		12/16/195
20. BURIAL, CREMATION.	226. DATE THEREO		22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town.	or county)	(State)
3. FUNERAL DIRECTOR'S SI	1- 200	, 0,	ADDRESS	240.1	EC'D BY REGIS	TRAR 24b. HEG	ISTRAR'S SIGNAT	URE
Gladhil	1 Co. ,1	Midal	letown. Md.	DATE	0000	The state of the s	arthur 8. 1	
GLAGILL		LIT CLUI	LC OO WII 9 TIU .	DAIR	DLO		41, /	

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1	MARYLAND	STATE DEPARTM	NENT OF HEAD	LTH-BALTI	MORE, 18	12700
	13732	CERTIFICA	ATE OF DEA	TH	Reg. Di	13706 st. No.
	o. COUNTY Frederick	MARYLAND		(Where deceased liveryland	b. COUNTY Wa	ce before odmission) shington
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Brunswick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RURAL and a	give nearest town) V
	d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION  Garrott's Nur:	sing Home	d. STREET ADDRES	SS -		o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type or print) John	George Middle	Edwards	4. DATE OF DEATH	Month 12	Doy Year 7 158
	S. SEX 6. COLOR OR RACE 7. MARRI WIDOWE	44	8. DATE OF BIRTH 7-29-186	5 9.	AGE (in years IF UNDER lost birthday)  93 yrs. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Farmer	KIND OF BUSINESS OR INDU		State ar tareign caunt		IZEN OF WHAT COUNTRY?
	Samuel H.Edv	vards	14. MOTHER'S MAID		arlotta Ebe	erts
-	(Ye), no. or unknown) (If yes, give wor or dates of service)		INFORMANT Earl S.Edw	ards	Address Washington	a.D.C.
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	• far (a), (b), and (c))	Danc	illui	4	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, it ony, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)  DUE TO					
	PART II. OTHER SIGNIFICAN/CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE J	ERMINAL DISEASE CO	ONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		RIBE HOW HUNRY OCCURRE	ED. (Enter nature of injur	y in Part I ar Part II	of item 18.)	
1	20c. TIME OF INJURY Manth, Day, Year 20d. IN- Hour o. m. 19 While at work	Nat while fa	LACE OF INJURY (Home, actory, street, affice bldg.	farm, 20f. (City ar	town) (C	County) (State)
	21. I certify that I attended the decease alive on		19.53 to occurred of 52.	2.5 M, from the		lost saw the deceased he date stoted above.  DATE SIGNED
-	(NAME (17)PP)	PENTER			{	
	20. BURIAL, CREMATION, 226. DATE THEREOF BURIAL (Specify) 12-10-58	St. Luke	s	Brow	N (City, lawn, or county)	(Stote) aryland
	23. FUNERAL DIRECTOR'S SIGNATURE Brunswi	ck, Maryland		REC'D BY REGISTRAF	24b. REGISTRAR'S SIG	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital as ottending physicion.

TO FUNERAL DIPECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should intended for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 ill be filed with the registrar prior to buriol, cremotion, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

the second of 3.5 movements. It is not tall The state of the DATE OF THE PARTY Therefore The Land and the Land

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Dist					

24a. REC'D BY REGISTRAR

DATE DEC 1 6 '58

24b. REGISTRAR'S SIGNATURE

C. Ing S. Kraus

PLACE OF DEATH	derick		MARYLAND	2. USUAL RESIDENCE (V		osed lived. If Institu b. COUNT			
	f outside corporate limits, writ	• RURAL	c. LENGTH OF STAY IN 16	c. City or town (iii	f autside co	rporate limits, write			
	AL OR INSTITUTION (		pital, give street oddress)	d. STREET ADDRESS		Fourth Str	eet		IS RESIDEN ON A FAR
3. NAME OF DECEASED (Type or print)	Fir HAJ	RRY	Middle CLIFFORD	Lost FAGAN	4. DATE OF DEATH	Month		Doy	Year 19 5
5. SEX		7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH		9. AGE (in years lost birthday)	IF UNDER 1	YEAR IF	UNDER 24 H
during most of working	ng life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUS		200	country)			HAT COUN
13. FATHER'S NAME	r	lr	on & Steel Co	Maryland  14. MOTHER'S MAIDEN I			U	5A	
Allen Cli	fford Fagar		SOCIAL SECURITY NO. 17. I	Unknown		Address	-		
(Yes, no, or unknown) NO	(If yes, give war or dates of	service}		rs. Eva F. Fa	agan	(Same as	item /	#2)	
	101	Acut	for (o), (b), and (c). ] Le Tuberculosi.	s of Right Lu	ing			INTERVAL ONSET AN	BETWEEN ID DEATH
(a), stoting the couse lost.							5		1-
PART II. OTH	HER SIGNIFICANT CON	DITIONS <u>CO</u>	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	EN IN PART	1(o) 19. V P YES	EBFORMED?
	NTRIBUTING 🗆	b. DESCRIBE	HOW INJURY OCCURRED. (	Enter nature of injury in Par	t I or Port I	I of item 18.)	COLV		
20c. TIME OF INJUI	RY Month, Day, Yea	While		CE OF INJURY (Home, form ory, street, office bldg., etc.		ty or town)	(Cour	nty)	(Stat
			emains described obc Accident, Sui			Inspection X, Indetermined c		<b>XX</b> , a	nd find t
ACTUAL SIGNATURE	Bor	ho	mas	M.D. CHIEF MEDICAL EX				D	ATE SIGNED
	B. O. Thoma			DEPUTY MEDICAL					c 1958
220. BURIAL, CREMATIC REMOVAL (Specify) Burial		1	22c. NAME OF CEMETERY OR Mount Olivet		1	derick. M			(State)

23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
M. R. Etchison & Son, Frederick, Maryland

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. cute the certificate, writing the ward "pending" in pencil in Item 18. Giverwarded to for Chief Medical Examiner's Office along with farm PM3.

TO FUNERAL D. 10R: Page 3 should be used as a burial-transit permit. or removal. VS. A15ME(5) 5M 9/55

within 24 hours ofter death. If any delay is necessary, please exe-Give Pages 1, 2, and 3 to the funeral director. Page 4 should be N3. Page 5 may be retained far your files.

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No.			LICENSIE GIROL	1.2-1.	LYn
			and the contract	10 to	

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12711

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	70	111							Reg. Dis	it. No.		
1. PLACE OF DEATH o. COUNTY	erick		MARY	LAND	2. USUAL RESID	Mary]		ived. If institution b. COUNTY	_	deric		on)
b. CITY OR TOWN (If or RURAL and give neare Frederick	itside carporote limits	, write	c. LENGTH OF STAY		c. CITY OR 1		utside corpora	te limits, write RI			-	
d. NAME OF HOSPITAL OR INSTITUTION Frederick Mer					d. STREET A		Bentz	Street			IS RESID	
3. NAME OF DECEASED (Type or print)	First MINNIE		Middle		FOGLE		4. DATE OF DEATH	Decem		17,		58
5. SEX 6. Female	2270 A 4	7. MARRI	D DIVORCE		July ;5,			AGE (In years Lost birthday) yrs.	IF UNDER Months	-	UNDER	Min.
10a. USUAL OCCUPATION during most of working Housewif	life, even if retired)	one 10b. I	At Home	R INDUST	RY 11. BIRTHPL		or foreign cou rland	ntry)	12. CIT	USA.	WHAT	OUNTR
13. FATHER'S NAME				100	14. MOTHER'S	MAIDEN N	AME	THE STATE				
Unknown						Unk	mown					
15. WAS DECEASED EVER IN (Yes. no. or unknown) (If yes. No.	N U. S. ARMED FORCE 91. give wor or dates of ser NO	vice)	None		John H	I. Fog	gle-Sam	e as It	en #2			
18. CAUSE OF DEATH PART I. DEATH IN 175.0	[Enter only one cou WAS CAUSED BY: IMEDIATE CAUSE (a)_ DUE TO	se per lin	e for (a), (b), and (c).	ny	eml	ماري	m 0			INTERV	AND E	WEEN
Conditions, if any, gove rise to imm cause (a), stating the lying cause last.	ediate ( DUE TO	(	- attinon	9 5	of of	your	59 14	leuns 10	em	1/	2 \	45
CA	SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMIN	VAL DISEASE	CONDITION GIV	EN IN PART		WAS AI PERFOR ES	MED?
200. ACCIDENT WAS U OR CONTRIBUTING [] (IF EITHER, NOTIFY ME	CAUSE OF DEATH	ЮЬ. DESC	RIBE HOW INJURY OF	CCURRED.	(Enter noture of	injury in P	ort I ar Part I	l af item 18.)				
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year	20d. IN While at wark	Nat while		CE OF INJURY () Dry, street, office			r town)	(C	County)		(Stote)
21. I certify that olive on De	I ottended the	deceose , 195		deoth	occurred at		M, from	the couses o	nd on th	ast saw ne date	stated	d abov
ACTUAL SIGNATURE	fl x.1	un'	Pure Pure	м	D. Frede			ng Cent		12	. 1. 0	/58
PHYSICIAN'S NAME (Type) Dr.	R. L. Mic	hels			Frede	rick,	Maryl	and	7			
220. BURIAL. CREMATION, REMOVAL (Specify)	22b. DATE THEREOF Dec. 20,		Mount Oli					on (City, town, o	ir county)	Mai	(Stote)	
23. FUNERAL DIRECTOR'S SI M. R. Etchis		Fred	ADDRESS lerick, Mar	ylan	d	240. REC'D	BY REGISTRA		TRAR'S SIG	1 -		

TO HOSPITAL OR may be retained TO FUNERAL DIR VS A15 (4) 15M 10/57

MINAR OF BEAUTIECE OF DEATH The state of the s TO SELECT TO SELECT THE RESULT OF THE RESULT The . St. Mark Date of the Text of the Constitution, St. to the least the least to the land of the land of the TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

VS .

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ed by the attending physician and campletely filled in by the funeral directar,	rmit. Then please remove carban papers. Pages 1 and 2 si 1d be filed with		٠
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atten	ple	any event within 72 haurs after death.	
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PLACE OF DEATH

-	0. COOM	Freder	rick	MARYL	AND O. SIATE	marylan	ld b.	COUNTY 1	reder	ick	
	b. CITY OR	TOWN (If outside corporo d give nearest town)	te limits, write	c. LENGTH OF STAY II	1 1b c. CITY OR	TOWN (If outside	e corporate limit	s, write RUR	AL ond give ne	arest town)	
	KUKAL ON	Frederic	7		X Rura	l Bruns	auri ele				
	d. NAME O	HOSPITAL (If not in hosp		address)	d. STREET		W T OT			e. IS RESID	ENCE
69	OR INSTI		niel I	Hospital	1					ON A F	
	3. NAME OF	- Wealth	First	Middle		4 1	DATE	4441			
	DECEASED (Type or pri	B	14.4	Middle	E. Co		OF DEATH	Month	De / C	'	or C
	5. SEX	6. COLOR OR	02/17	NEVER MARRIED	8. DATE OF BIRT		/	Un veem III	UNDER 1 YEAR	- 17	24 400
	Mal	J		_			lost b	irthdoy)	Months Days	Hours	Min.
		CUPATION (Give kind of					84	yrs.	12. CITIZEN C	DE MULAT C	CHAIRDY
1	during mor	t of working life, even if t	retired)						IZ. CITIZEN C	OF WHAIL	OUNTRY
I		orer		Farm	V:	irginia			U.S	S.A.	
-	13. FATHER'S N	AME			14. MOTHER	S MAIDEN NAME					
	H W Y		tin Fr				Sally				
	15. WAS DECE/ (Yes, no, or unknow	ASED EVER IN U. S. ARMEI		SOCIAL SECURITY NO.	17. INFORMANT			Addres	s		
	No				Mrs . Don	nald Re	pp.Bal	timon	ce Mar	yland	1
		OF DEATH [Enter only		ne for (o), (b), and (c).]					INT	ERVAL BETY	WEEN
	PAI	RT I. DEATH WAS CAUSED	USE (o)	Lremia					014	7 1720	
	44	X	UE TO				,				
	Conditio	ns, if ony, which )	(b) A	tteriolo	r Neph	rose,	/eros	15		2 42	6 1
		stoting the under-	UE TO								
	lying cou		(0)_	renevaliz	zed Ar	teria	scle	1051	5 /	o you	+
	Z PAI	II. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO DEAT						19. WAS AL	
0	CATION									YES T	
	E 200 ACCI	DENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED. (Enter noture	of injury in Port I	or Part II of ite	m 1B.)			
	OR CONTE	IBUTING CAUSE OF D	NER)								
	S 20c. TIME C	OF INJURY Month, Day	, Yeor 20d. II	NJURY OCCURRED 2	Oe. PLACE OF INJURY	(Home, form, 20	Of. (City or town	)	(County)		(Stote)
	20c. TIME (	a. m. p. m.	19 While of wor	Not while	factory, street, offic	ce bldg., etc.)					
					7 105	F. /2	-/16	P			
		tify that I attended	the deceas		1954				that I last so		
	alive on	17/10	, 19_3	2_Z, and that o	death occurred at						
	ACTUAL	7/	1//		./	ADDR	RESS (Street, city	or town, sto	ote)	DAT	E SIGNE
1	SIGNATUR	E Henry	110	have	M.D4	4	nurc	4	I'F	10-11	10/2
	PHYSICIAN	rs 4	11	11.	1		/	1	1.1		
	NAME (Ty		ej VI	(has		rede	KICK	//	7.0%		
	220. BURIAL, C REMOVAL	(Specify)		22c. NAME OF CEMET	ERY OR CREMATORY	22d.	LOCATION (Ci		2 17	(Stote)	
0	Bur	ial   12	13-58		Heights		Bruns	wick,	Maryla	and	
Ko	23. FUNERAL D	RECTOR'S SIGNATURE	Bana	address wary	0	24o. REC'D BY			PAR'S SIGNATU	RE	
13.	5. KM	7106	Druis	swick, ary	Land	DATEC 1 2	'58	Commit	22.		

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) NIY Frederick ite RURAL and give nearest (bwn) e. IS RESIDENCE ON A FARM? YES NO Day Year 1958 0 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? U.S.A more Maryland INTERVAL BETWEEN ONSET AND DEATH 7 1720. GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

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VS A15 (4) 15M 9/55 69

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13713 CERTIFICATE OF DEATH

13710) Reg. Dist. No.

	PLACE OF DEATH			44 A M.V.	- 11	USUAL RESIDEN	CE (Where dece	ased lived. If insti		nce before o	idmission)
		EDERICK		MARY		MA	YLAND		FRE	DERIC	K
	RURAL and give n	If outside corporate limi earest town)	is, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOW	/N (If outside co	rporote limits, wri	le RURAL ond	give neorest	town)
		RICK		19 DAYS	7	Rout		REDERIC	KMA	RYLA	UD
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDI			,		S RESIDENCE ON A FARM?
	FREDER	CK MEMO	RIAL	- HOSPITAL		Feage	aville			YE	ES NO X
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DAT	E ,	Month	Day	Year
	(Type or print)	THOMAS		FRANCIS		FULMER	DEA	TH DECET	n BER	29	1958
5. 3	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D   B. [	ATE OF BIRTH		9. AGE (In yellost birthdo			UNDER 24 HRS.
1	MALE	WHITE	WIDOW	ED DIVORCE	0 /	PRIL 1 1	906		yrs. Months	Doys H	lours Min.
100	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTRY	11. BIRTHPLACE	(State or foreig	n country)	12. CI	TIZEN OF W	WHAT COUNTRY?
	MACHINIS		'	Automotive	Shop	MARY	IAND		i	I.C.A	
13.	FATHER'S NAME					4. MOTHER'S MA	IDEN NAME				
	m	ARSHALL.	H.	FIAL D	NER	Col	PA		MILES		
15.	WAS DECEASED EVI	R IN U. S. ARMED FOR	CES? 16.						Address	,	
{1e	No or unknown)	(If yes, give war or dates of s	ervice) 2	14-10-1870	Mrs.	Catherin	ne I. Fu	ılmer-Sam	e as I	tem #2	2
	18. CAUSE OF DE	ATH [Enter only one co	use per li	ne for (o), (b), and (c).							AL BETWEEN
	PART I. DE	TH WAS CAUSED BY:	BRA	MCHIOGEN	ic c	ARCINOT	A OF	LUNGS	WITH	ONSET	AND DEATH
	162.1	DUE TO		A CHIO CETO		ZH CHI	7.11	7,1000	(W.1.17)		
	Conditions, if			TASTASIS	TO B	acties - A	DELLIE	AND RIB	(	4-5	SMONTHS
	gove rise to i	mmediate (		11.12 11.512	1013	UNEST	I- LUIS	HIND ILLIS	2		THENTIC
	cotse (a), stating lying couse lost.	the under-									
N		HER SIGNIFICANT CON		CONTRIBUTING TO DEA	ATH BUT NO	T RELATED TO TH	E TERMINAL DIS	EASE CONDITION	GIVEN IN PAR	RT 1(o) 19. V	WAS AUTOPSY
ATIC										P	PERFORMED?
TIFIC	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CCURRED. (	nter noture of in	ury in Port I or	Port II of item 18.)		,,,	2 110 E
CERTIFICATION	OR CONTRIBUTING	MEDICAL EXAMINER)									
	20c. TIME OF INJUI		or 20d. I	NJURY OCCURRED	20e. PLACE	OF INJURY (Hom	ne, farm, 20f. (	City or town)		(County)	(State)
MEDICAL	Hour o. m.	19	While	Not while	foctory	, street, office blo	ig., etc.)			,,	(5.5.5)
2	p. m.				A	(20)	2000 1	0	-0/		
	2	not I ottended the	1	N	Ω						the deceased
	alive on DEC		195	and thot	deoth o	curred at_L_		rom the couse		he dote s	
	ACTUAL /	111+	4	- 2 2 2			ADDRES	(Street, city or to	Mn. stote)	7.0	DATE SIGNED
	ACTUAL SIGNATURE		18	ane	M.D	. Jal	Ama	N.	6	10	2/28/58
	PHYSICIAN'S NAME (Type)	Dr. A. A. I	Pearr	'e		East Ch	nurch St	reet,Fre	derick	Md.	
220	BURIAL, CREMATIC	ON, 226. DATE THEREC	)F	22c. NAME OF CEME	TERY OR C			CATION (City, tow			(Stote)
	BENDYAL Specify	Jan. 2,19	959	Mount Ol:	ivet (	emeterv		ederick.	"		land
23.	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	1 13	24	B. REC'D BY REC		EGISTRAR'S SIG		ZOII (L
]	A. R. Etch	nison & Son	, Fre	ederick, Ma	ryland		JAN 2		arthur S.	Kraua	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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13742 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed , a. COUNTY b. COUNTY MARYLAND Frederick Maryland Frederick b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give neorest town) life Emmitsburg. Emmitsburg, Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? R.D.# R.D. #1 YES TI NO TO NAME OF First Middle 4. DATE Day Year DECEASED 19 58 (Type or print) Charles Edward Geiselman DEATH December 30 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) Months White July 24.1881 Mala WIDOWED TO DIVORCED T YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Frederick Co. Md. Labor U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Geiselman Martha Wetze 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address No Emmitsburg, 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. 21. I certify that hattended the deceased from that I last saw the deceased and that death occurred at IDAM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S W. R. Cadle Emmitsburg, Maryland NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Jan.3.1959 Emmitsburg. R.D. Anthony's Shrine Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Emmitsburg, Md. Commer S. Krays DATE 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13743 CERTIFICATE OF DEATH

Reg. Dist. No. 13713

										Keg. DIS	1. 140,		
1. PLACE OF DI o. COUNTY				MARYLAN		USUAL RESI			d lived. If institution b. COUNTY	n: Residenc	e before	admission)	
1 6171 62		rederick				Maryland Frederick  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
RURAL one	give ne	outside corporale limi arest town)	its, write	c. LENGTH OF STAY IN 1	Ь	c. CITY OR	TOWN (If a	outside corpo	rate limits, write R	JRAL ond g	ive neare	est fown)	
Rural-	V. 0	Middletov	m	19 days	1	/	Fre	derick					
d. NAME OF OR INSTIT	HOSPITA UTION	AL (If not in hospital, g	ive street	oddress)		d. STREET A	DDRESS				е.	IS RESIDENCE ON A FARM?	
	/all	y View Nu	rsing	Home		00000	211	East	Patrick	St.		YES NO A	
3. NAME OF DECEASED	7,0	Fir	st	Middle		los	it	4. DATE	Man	th	Day	Year	
(Type or prin	1)	Sadie		Caroline	Ha	hn	69 H	OF DEATH	. D	ec.	2	19 58	
5. SEX		6. COLOR OR RACE	7.分為於	NEVER MARRIED	8. D	ATE OF BIRTI	Н		9. AGE (In years last birthdoy)		YEAR I	F UNDER 24 HRS.	
Fema	le	White		SONT XXX DINGREED &		March	20-18	78	80 yrs.	Months	Doys	Hours Min.	
10a. USUAL OC	CUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IN					ountry)	12. CITI	ZEN OF	WHAT COUNTRY	
Dating most	of work	ing lite, even if retired chool Teach		Public School	10					4.	II C		
13. FATHER'S NA		SHOOT Teach	TETI	Public School		4. MOTHER'S	yland MAIDEN N	JAME			U.S	•A •	
TTan		I I I has											
		Hann	CES2 16	SOCIAL SECURITY NO. 1	7. INFO		M. 4	immern	Addr		, 1		
Yes, no, or unknow	1 (	If yes, give war or dates of s	ervice)								- 1	Md.	
No	00.000				MISS	Bessi	e V.	Hahn-2	ell E. Pa	trick			
				ne for (o), (b), and (c).]		arroca:					ONSE	VAL BETWEEN T AND DEATH	
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ir	nternal Hem	orr	hage					5	min	
153	.4	DUE TO			~								
		y, which ) (b	) -	Intestinal	Car	cinom	ıa				1	5 mos	
couse (o),		he under DUE TO											
lying cour		(c											
O PAR				CONTRIBUTING TO DEATH						EN IN PART	I(o) 19.	WAS AUTOPSY PERFORMED?	
5	Mi	tral Regu	rgit	cation with	Ну	pertr	pphy	of h	leart		,	YES NO M	
PART OF YOUR ACCID OR CONTRI	ENT WA BUTING NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nier nature o	f injury in I	Port I or Por	t II of item 18.)				
			or 20d II	NJURY OCCURRED 20e	PLACE	OF INJURY (	Home form	1206 (Cit.				101-11	
	o. j.	19	While	Not while	foctory	, street, office	bldg., etc.	.)   201. (City	or town	(C	ounty)	(Stote)	
_	p. m.		at wor										
21. I cer	tify the	at Lattended the	deceas	ed from June		, 19.33	, ta_ N	ov.	12 1258	,that I le	ast sav	v the deceased	
alive on.	Non	i. 12	, 12.5	8 , and that de	ath ac	curred at	2:00A	.M, fran	n the causes a	nd on th	e date	stated above	
		1	4	21				ADDRESS (SI	Ireel, city or town,	stole)		DATE SIGNED	
ACTUAL		1.00	7. 6	-taxlet	M.D.		4	East	Church S	t.			
auwerer a a		//											
PHYSICIAN NAME (Typ		J.M. B	xter				F	rederi	ick-Maryl	a.nd			
		N. 226. DATE THEREC		22c. NAME OF CEMETER	Y OR CE	EMATORY			TION (City, town, o			(State)	
REMOVAL (	opecity)	12-/-19	58	Mt. Olivet	Cam	aterr		Fre	derick-Ma	molan	1		
23. FUNERAL DI	RECTOR'S	SIGNATURE W		ADDRESS			24g. REC'I	D BY REGIST		TRAR'S SIG			
Dailey	18 F	unexal-for	ne 12	Ol N. Market rederick-Md.	St.		DATDEC			VIA 8. 4			
1	STELL E	- Littleme	Ulim I	T COLOT TOW MICH			LAVIER		COUL	VIII A. 71	naun		

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VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13744 CERTIFICATE OF DEATH

13714

Reg. Dist. No.

Vindabona Convalescent and Rest Home  Yellow Springs  ON AFF TYES   TYES	1. PLACE OF DEATH a. COUNTY Fr	ederick		MARY	YLAND	2. USUAL RES		ere deceose	d lived. If instituti b. COUNTY		nce befor		
d. NAME OF HOSPITAL (If not in hospital, give street address)  Vindabona Convalescent and Rest Home  Vindabona Convalescent and Rest Vindabona  Vindabona Convalescent Vindabona  Vindabona Convalescent and Rest Vindabona  Vindabona Convalescent and	RURAL and give n	earest town)	ts, write			11							n)
DECEASED (Type or pint)  DAISY  MAY  HARLEY  DEATH  December  19, 19  19, 19  5. SEX  6. COLOR OR RACE  T. MARRIED  NOVEMBER  NOVEMBER  NOVEMBER  NOVEMBER  NOVEMBER  NOVEMBER  NOVEMBER  Solid in thinkow)  November  N	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g			e							e. IS RESIDENCE ON A FARM? YES NO.	
5. SEK  6. COLOR OR RACE  Female  White  Whowe Middle Widore Middle Widore Middle Widore Middle Midd	DECEASED							OF					Year 19 58
Domestic At Home Maryland USA  13. FATHER'S NAME  George S. Stone  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. (17. INFORMANT Address No. or unknown) (18. Tr., give word define of sarvice) None  None  None  16. SOCIAL SECURITY NO. (17. INFORMANT Address Address No. or unknown) (18. Tr., give word define of sarvice) None  18. CAUSE OF DEATH (Enter only one couse per line for (c), (b), and (c)-]  PART I. DEATH WAS CAUSED BY. (b) DUE TO Conditions, if ony, which gover rise to immediate couse (c), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUT PERFORM YES NOT NOT CAUSE OF DEATH (IF ETHER). NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING AUGUST DEATH SUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUT PERFORM YES NOT NOT NOT CAUSE OF DEATH (IF ETHER). NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED How injury of order of injury in Port I or Port II of item 18.)  21. I certify that I attended the deceased from Address (Green of the deceased from Address (Street, office bldgs, etc.) 19. That I last saw the deal of the course of the deceased from Address (Street, city or town, stole) DATE SIGNATURE  ACTUAL SIGNATURE  M.D. East Second Street, 12/21/								1871	lost birthday)			IF UND	
George S. Stone  Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  If the given of data of service)  None  None  None  None  None  None  None  None  None  Is. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gave rise to immediate couse lost in jury in grouse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS IN THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTHORS	10a. USUAL OCCUPATION during most of wor Domest:	ON (Give kind af wark king life, even if retired LC	done 10b.	Home	OR INDU	STRY 11. BIRTHP	Mary]	or foreign co Land	ountry)	12. CI			COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Per no undersorn) (If the group of oddies of service) (Per no undersorn) (If the group of oddies of service) (Per no undersorn) (If the group of oddies of service) (Per no undersorn) (If the group of oddies of service) (If the group of oddies oddies of oddies of service) (If the group oddies of service) (If the group oddies of service) (If the group oddies odd	13. FATHER'S NAME					14. MOTHER'S							
Section of the property of t							Lucir	nda Ca	nnon				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate couse (a), stoting the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year While of work of	(Yes, no, or unknown)	(If yes, give wor or dates of s	ervice) N	one	Mr		. Gard	dner-S			<sup>‡</sup> 2		
20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Day, Year Haur o. m.  19 While Not while of work   19 wor	Conditions, if o gave rise to i couse (o), stoting lying cause last.	IMMEDIATE CAUSE (or DUE TO cony, which mmediate the under- conditions of the conditi	)	Some Bonne	li li	ty			F CONDITION GIVE	VEN IN DAS		4,0	rech
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work at wor										CIN IIN FAI	1 (0)	PERFC	PRMED?
21. I certify that I attended the deceased from Cott, 1958, to Locie 1958, that I last saw the dealive an Locie 1958, and that death accurred at 2:30P. M. from the causes and an the date stated ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE  M.D. East Second Street. 12/21/		MEDICAL EXAMINER)											
alive an	Haur o. m.		While	Not while	20e. PL	ACE OF INJURY ( ctary, street, offic	(Hame, form, e bldg., etc.	20f. (City	or town)	(	(County)		(Stote)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	actual signature PHYSICIAN'S DYNAME (Type) 220. BURIAL, CREMATIC	7 1 7 7 6 C. H. L. Fa	kn kn hrney	9, and that	ETERY O	M.D. East Frede	Second	Maryl	the causes of reet, city or town, etg.  and	and an t	he date	2/2: (State	ed abave ATE SIGNED L/1958
Burial Specify Dec. 22,1958 Brook Hill Cemetery Frederick County, Mary  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  M. R. Etchison & Son, Frederick, Maryland  PATE TEC. 2 A TEC. 2015	23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			240. REC'D				-		ryland

AND 12 recently have a disease with the algorithm with the few four many, and much be a few field the committee from the committee of the few fields 

VS A15 (4) 15M 9/S5 69

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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13714 CERTIFICATE OF DEATH

Reg. Dist. No. 13715

1. PLACE OF DEATH o. COUNTY  Freder (K	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE	b. COUNTY	are admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate	limits, write RURAL and give ne	earest town)
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION	. 11	/d. STREET ADDRESS Route # 1		e. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED JOAN		Harshman 4. DATE OF DEATH	Month D	Pay Year
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	IED NEVER MARRIED	8. DATE OF BIRTH 9. A		R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane lob. during most of working life, even if retired)	KIND OF BUSINESS OR INDU NONO	STRY 11. BIRTHPLACE (State or foreign countr	y) 12. CITIZEN	OF WHAT COUNTRY?
Paul E Harst	1 Im the	14. MOTHER'S MAIDEN NAME  1 R / En / 1-	yers	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [It yes, give wor or dates of service]	social security no. 17. 1	Fall E. Harshmar	Myersvil	le,Md.
18. CAUSE OF DEATH [Enter only one cause per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)	ge for (a), (b), and (c),	luce Cause Une	set.	TERVAL BETWEEN ISET AND DEATH
Congesti	ne Heart	NOT RELATED TO THE TERMINAL DISEASE CO Talue  D. (Enter nature of injury in Part I or Part II or		19. WAS AUTOPSY PERFORMED? YES NO
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)		(State)
21. I certify that I attended the decease alive on 19 ACTUAL SIGNATURE AL ACTUAL PHYSICIAN'S FRED J. HE L	and that death	occurred at QQ AM, from the	that I last save causes and on the docity or town, state)	
220. SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Dec. 4.1958  23. FUNERAL DIRECTOR'S SIGNATURE  Paul F. Bitted.	22c. NAME OF CEMETERY COUNTY OF COMMETTER COUNTY OF COUN		(City, town, or county) 3 V111e Fred ( 24b. REGISTRAR'S SIGNATU Outhur S. Fr.	
2069293XV4				

	E OF DEATH	A CERTIFICAT	
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	general services		
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 of 27 years of all years named to present	100		ant. V. con Printed

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF BEATH

	1371	6 CERTIFIC.	AIE OF DEA			Reg. Dist. N	No.			
1. PLACE OF DEATH			2. USUAL RESIDENCE (	Where deceased live		on: Residence be	efore admis	sion)		
Fre	ederick	MARYLAND	o. STATE Mary	land	b. COUNTY	Carro	Carroll			
b. CITY OR TOWN (III	f outside carparate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If autside corporate	utside corporate limits, write RURAL and give nearest town)					
Frederick		Months	Moun	t Airy		06 X	- 2			
d. NAME OF HOSPIT OR INSTITUTION Frederick	AL (If not in hospital, give street  Memorial Hosp	oddress)	d. STREET ADDRESS				ON A	SIDENCE A FARM?		
3. NAME OF	First	Middle	Lost	4. DATE	Mon	th	Day	Year		
(Type or print)	WILLIAM	DOWNEY	HOPKINS	OF DEATH				1958		
S. SEX		RIED NEVER MARRIED KK		9. A	GE (In years	IF UNDER TYE				
Male	White wipow		27 April 1	.872	86 yrs.	Months Doy	s Hours	Min.		
during most of work	ON (Give kind of work done 10b king life, even if retired) of Dental Surge		ISTRY 11. BIRTHPLACE (SM			12. CITIZEN		T COUNTRY		
13. FATHER'S NAME	or pendar parke	Ly	14. MOTHER'S MAIDE			USA				
	H. Hopkins		Margaret							
		SOCIAL SECURITY NO. 17.	INFORMANT	Downey	Add	-010				
	(If yes, give war or dates of service)		iss Margaret	D. Honki			t. Md	100		
	ATH [Enter only one couse per I		TOD HOW BOTT CO	D. Hopki	110) 110		NTERVAL BE			
	TH WAS CAUSED BY:	/ 7 /P	176	1		Ö	NSET AND	DEATH		
420.0	IMMEDIATE CAUSE (a)	Jenle Come	in grow	ones	/		10	my		
	DUE TO	1+	11 + 11	1-1			1.	/.		
Conditions, if or	mmediate (	meno p	cherolic 4	east A	usele	2	1 ge	ar		
tying couse lost.						10-1-1				
_	(c) HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TEL	PMINAL DISEASE CO	NDITION GIV	FN IN PART 1/o	10 WAS	AUTOPSY		
PART II. OTH	117. 1	1 (1.7)	-	William District CO	TOTAL OF	E14 114 ( AK 1 1 ( O	PERFC	DRMED?		
20a. ACCIDENT WA	S LINDERLYING DE 20h DE	CRIBE HOW INJURY OCCURR	D (Enter noture of injury	in Part Lor Part II o	f item 18 )		TES _	NOTA		
OR CONTRIBUTING	CAUSE OF DEATH	hne	(cine: noiore or injor)							
_		NJURY OCCURRED 20e. P	LACE OF INJURY (Hame, fe	orm 20f (City or t	own)	(Coun	hal	(Stote)		
Hour a.m.	While	_ Not while fo	octory, street, office bldg.,	etc.)	own,	(000)	17)	(31016)		
	ot wo		. 7 -1	6	,					
	at I attended the decea	sed from Upsil	, 1956, to_	Dec 16	2_, 19_52	that I last	saw the	decease		
alive on Ale	C. 26 19.	5_A, and that deat	accurred at 9:35							
ACTUAL	1119		). To Ob	ADDRESS (Street,	city or lown,	stote)		ATE SIGNE		
SIGNATURE	0.01.00	earre	M.D. 4 E. Unu	rch St.,			27 De	c 1958		
PHYSICIAN'S NAME (Type) A	. A. Pearre, M	. D.	Frederick	, Marylan	.d					
22a. BURIAL, CREMATION	N. 226. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION	(City, town, c	r county)	(Stat	te)		
REMOVAL (Specify) Burial	12-29-58	Central Cem	etery	Frederi	ck Cou	nty Mar	yland	0.04		
23. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS		C'D BY REGISTRAR	24b. REG19	TRAR'S SIGNA	TURE	1- 11		
M. R. Etc	chison & Son, F	rederick, Mary	land	DEC 3 0 '58	) (	billion S.	1 Ahemm			

M. R. Etchison & Son, Frederick, Maryland

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRE OR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should instance of the burial-transit permit. Then please remove carban papers. Pages 1 and 2 is the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERAL DIR TO HOSPITAL OR VS A1S (4) 1SM 10/S7

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		of Period States and Period	· · · · · · · · · · · · · · · · · · ·

	13	745	CERTIF	ICA	TE OF DEATH	1		Reg. D	ist. No	13	4 Tu
o. COUNTY Fre	derick		MARYLA	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Virginia b. COUNTY Oran							
b. CITY OR TOWN ( RURAL ond give n Frederick-	If outside corporote limicagest town) Rural RD#6	ts, write	c. LENGTH OF STAY IN 2 Months	c. LENGTH OF STAY IN 16  2 Months  c. CITY OR TOWN (If outside corporate limits, write RURAL and Culpepper—Rural RD#4							n)
d. NAME OF HOSPI OR INSTITUTION Quynn Or	TAL (If not in hospital, g	ive street	address)		d. STREET ADDRESS  Near Oras					ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii AL	st ICE	Middle I.LOYD		JOHNSON	4. DATE OF DEATH	Mon Dec	ember	000		Year
s. sex Female	6. COLOR OR RACE White	7. MAR	RIED NEVER MARRIED	-	DATE OF BIRTH  3 July 1874		9. AGE (In years last birthday)	IF UNDE Months	-	Hours	ER 24 115 Min.
House-	king lite, even it retired	done 10b.	Own Home	INDUST	Virginia		ountry)	12. CI	USA	F WHAT	COUNT
3. FATHER'S NAME St. Cla	aire Lloyd	H			14. MOTHER'S MAIDEN N		nick				
15. WAS DECEASED EVI (Yes, no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO. None		formant s. Arbelia J	. McDo	anough (S	ame a	as i	tem ;	#1)
Conditions, if cover rise to couse (o), stoting lying couse lost.	mmediate (	)	rente my	oca	diel my	fort	ion			ud	DEATH
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	PERFC YES	DRMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED	. (Enter nature of injury in f	art I or Par	t II of item 18.)				
20c. TIME OF INJUI Hour o. m. p. m.	lY Month, Day, Ye 19	While	NJURY OCCURRED Not while tk ot work	De. PLA	CE OF INJURY (Home, farm ory, street, office bldg., etc.	, 20f. (Cit)	or town)		(County)		(Stot
21. I certify the alive on  ACTUAL SIGNATUREPHYSICIAN'S NAME (Type)	Rex R. Mar	19	antin	leath	occurred at 1:201	ch St	n the causes of treet, city or town,	and on t		te state	
220. BURIAL, CREMATIC REMOVAL (Specify) Removal	N, 22b. DATE THEREC		Zaor Churc		CREMATORY	22d. LOCA	TION (City, town, o			(Stot	!e)

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 the attending physician and completely filled in by Then please remove carbon papers. Pages 1 and 2 the registrar priar to burial, cremation, ar remayal, and TO FUNERAL DIR VS A15 (4) 1SM 10/57

uneral director,

23. FUNERAL DIRECTOR'S SIGNATURE

M. R. Etchison & Son, Frederick, Maryland

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The Transfer Total				
5000				
	(NO) Delinia - Vijeginas		SEA IEE	
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	remarks and the son			
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	bralyman , love-bend	3		

# funeral director, id be filed with O FUNERAL DIFF JOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should betached for use as the burial-transit permit. Then please remove carbon papers—Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72-traus after death. may be retained by the hospital or attending physician. TO FUNERAL DIFF YOR: After this certificate has been si

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TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page A

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
13746 CERTIFICATE OF DEATH

13746

	PLACE OF DEATH	Frederic	k	MARYL	AND	2. USUAL RESID o. STATE		ryland	b. COUNTY	on: Residenc		mission) erick
	b. CITY OR TOWN ( RURAL ond give no Thurmon	If outside corporate limit earest town) t	s, write	c. LENGTH OF STAY I	IN 1b			utside corporat gersto	e limits, write R	URAL ond g	jive nearest	town)
33		TAL (If not in hospital, g at the ho	ive street me o	oddress) f her sist	er"	d. STREET AC	DDRESS				•. 1S C YE	RESIDENCE ON A FARM? S NO A
	NAME OF DECEASED (Type or print)	Bertie B		Kolb Middle		Last		4. DATE OF DEATH	Dec		Day	Yeor 1958
5.	Female	6. COLOR OR RACE White	7. MARE	NED NEVER MARRIE		March		1882	AGE (In years last bightday)  yrs.			INDER 24 HRS.
	Housewi	ON (Give kind of work of king life, even if retired)	ione 10b.	Own Home			Mary:	land	ntry)	12. CITI	U.S	·A ·
13.	FATHER'S NAME	21				14. MOTHER'S						
		alt zell			1		ry F	. Shei				
15. (Ye	NO NO	R IN U. S. ARMED FOR		220-30-75		Miss	Add:	ie Bal	Ltzell		urmo	nt, Md
	332 X Conditions, if a gave rise to i cause (a), stating lying couse last.	mmediate the under-	)	esebral	. /	hrom	bosi	طف			1 4	AND DEATH
CERTIFICATION		HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	THE TERMIN	NAL DISEASE (	CONDITION GIV	'EN IN PART	PI	REFORMED?
	20a. ACCIDENT WAR OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OF	CCURRED.	. (Enter nature af	injury in P	art I ar Part II	of item 18.}			
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Doy, Yea	20d, 1 White of war	Not while		CE OF INJURY (Harry, street, affice			r tawn)	(C	County)	(State)
	21. I certify the olive on	ames Dr. Jam	13	ray			10:00/5	2.M, fram		and on th		the deceosed toted above OATE SIGNED
]	BEHOYA Pecify	,		Creagers				-	City, town, gerstor		Mary.	(Stote) Land
23	FUNERAL DIRECTOR	E. Crease	r	ADDRESS Thurmont	, Md			BY REGISTRA		STRAR'S SIC		

TETER CERTIFICATE OF PEATH du maray a la mina Managari Managari Shila a 1 . . . or the college of white become an example of the first of the party of the first of the party of the party in the party in the party of the party in the party of the party in the party of the party Control of the property of the same The second second second Carl professor dis

13717 **CERTIFICATE OF DEATH** 

DATE EC 1 1 '58

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1	O	8	2	. ]

	7011	. 4				keg. Dist. No.	
1. PLACE OF DEATH a. COUNTY Fred	erick	MARYLAND		NCE (Where dece Maryland	ased lived. If instituti b. COUNTY		
b. CITY OR TOWN (If outsid RURAL and give nearest to Frederick	le carporate limits, write awn)	c. LENGTH OF STAY IN 16	c. CITY OR TO		rporate limits, write R	URAL ond give nea	rest tawn)
d. NAME OF HOSPITAL (IF OR INSTITUTION 183 W. All S	aints Street	t address)	/d. STREET ADI		ts Stre <b>e</b> t		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Nicholas	Middle Edward I	eakins Loss	4. DAT OF DEA	20	oth Day	Year 19 58
S. SEX 6. CC	DLOR OR RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 8-18	384	9. AGE (In years 79st birthdoy) 74 yrs.	IF UNDER 1 YEAR Manths Days	Haurs Min.
100. USUAL OCCUPATION (Given during most of working life Stone Mason	e even if retired)	KIND OF BUSINESS OR IND Stone Mason		CE (State or foreign Cick—Co.)		12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAME	Cap to the	er Casta Incid	14. MOTHER'S M	AAIDEN NAME			THE GIA
Leven Leakin	S		Barba	ara Anne	Gasaway		
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (It yes, g	ive war or dates of service)		informant lith Wars	183 W. A	Add		. Md.
Canditians, if any, wh gave rise to immedi cate (a), stating the un- lying cause last.	S CAUSED BY: DIATE CAUSE (o)  DUE TO  nich (b)		Pena C T	merler	Henry		RVAL BETWEEN ET AND DEATH
ICATIC		CONTRIBUTING TO DEATH BE				/EN IN PART 1(o) 15	P. WAS AUTOPSY PERFORMED? YES NO
	USE OF DEATH I	SCRIBE HOW INJURY OCCURI	RED. (Enter nature of i	injury in Port I ar	Port II of item 18.)		
20c. TIME OF INJURY Ma Hour a. m. p. m.	nth, Day, Year 20d. 19 While of wo	e Not while	PLACE OF INJURY fHo factory, street, affice b	ome, farm, 20f. (oldg., etc.)	City or town)	(County)	(State)
21. I certify that I calive an	H. Bour		th accurred at	6 4M, fo		and an the dat	te stated above
PHYSICIAN'S	Bourne		30 W.	All Sai	nts St. Fr	ed. Md.	
REMOVAL (Specify)	b. date thereof 12-9-58	22c. NAME OF CEMETERY Fairview	OR CREMATORY		cation (city, town, derick, Mo		(State)
23. FUNERAL DIRECTOR'S SIGN		ADDRESS		24a. REC'D BY REC		STRAR'S SIGNATUR	-
Charles E. Hi	cks III Fr	ederick, Md.	1	DEC 11	58 Ci	win S. Frank	

uneral director, d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

O FUNERAL DIM OR: After this certificate has been signed by the attending physician and campletely filled in by it page 3 shauld a detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIV

No. of Lot

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13747

13722 Reg. Dist. No.

PLACE OF DEATH	derick		MARYL			Maryl		ed lived. If institution b. COUN	tution: Resl			ission)
and give nearest to	(If outside corporate limits, write wn) k—Rural RD#2		c. LENGTH OF STAY IN				outside corp -Rural	orote limits, write. RD#2	RURAL	nd give n	earest lo	own)
d. NAME OF HOSP Araby	ITAL OR INSTITUTION (I	f not in hos	pital, give street oddress		d. STREET						ON	ESIDENCE A FARM? NO A
3. NAME OF DECEASED (Type or print)	Fin NAON		Middle GRACE	LENI	Los LART		4. DATE OF DEATH	Mon Dec	h cembe	Doy r 11		reor 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIE	DIVORCED		Oct 1			9. AGE (In years last birthday) 49 yrs.	Months	R 1YEAR Days	IF UND Hours	ER 24 HRS. Min.
during most of work	ION (Give kind of work of ing life, even if retired)	done 10b. K	IND OF BUSINESS OR IN	NDUSTRY		ACE (State	2 1533	ountry)		USA	F WHAT	COUNTRY
13. FATHER'S NAME				14	. MOTHER'S				'			
	am C. Rice					ebecc	a Aush	erman				
15. WAS DECEASED E	VER IN U. S. ARMED FOI (If yes, give war or dates of	unvical		17. INFO	RMANT 5 C. L	enhar	t (Sa	Addres me as it		1)		
PART 1. DE	ediate cause	967.6	or (a, (a), and (a, ) Inflicted	Gunsl	not Wo	und o	f Left	Lung		ONSE	rval betweet and de nsta	ATH
(o), stoting the cause lost.	(c). THER SIGNIFICANT CONF	DITIONS CO	NTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
CATIC											PERFO	RMED?
PART II, OT	AUSE WAS DINTRIBUTING [	b. DESCRIBE	HOW INJURY OCCURE	ED. (Enter	nature of in	jury in Port	I or Part II o	of item 18.)				
20c. TIME OF INJU				foctory,	OF INJURY (I street, office	Home, form, bldg., etc.)	1 ' '	or town) y-Frede1		ounty) Mary	Land	(Stote)
	that I took charge d from: Natural o							spection X		_	, and	find tha
ACTUAL SIGNATURE	Book	om	as	м	.D.		AMINER [	20 10 10 1			DATE S	SIGNED
EXAMINER'S NAME (Type)	B. O. Thoma	s, M.	D.				XAMINER K	_	12	2 Dec	195	58
220. BURIAL CREMATI BURIAL Specify	ON, 226. DATE THEREO 12-14-58		22c. NAME OF CEMETER Lutheran Cer					etown, M			(Stot	e)
23. FUNERAL DIRECTO M. R. Et	r's SIGNATURE Schison & So	n, Fr	ADDRESS ederick, Mar	rylan	ıd	DATE DE	BY REGISTR	AR 245 PEG	STRAR'S S	IGNATUR		

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13748 CERTIFICATE OF DEATH

13723

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Fr	ederick			MARYLAND	2. USUAL RESI	DENCE (Whe	-	lived. If instituti b, COUNTY			re admission) erick
b. CITY OR TOWN (IF RURAL and give nee Emmits bur 2	arest town)	ts, write	c. LENGTH O			tsbur		te limits, write R	URAL and	give nea	arest town)
	AL (If not in hospital, g	ive street			d. STREET A	DDRESS					ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ROSA		NELL	Middle LILLE	R	it	4. DATE OF DEATH	Dec.	-	Do	Yeor 19 5
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER	MARRIED	8. DATE OF BIRT		388	AGE (In years lost birthday) 70 yrs.	IF UNDER Months	I YEAR Doys	IF UNDER 24 HRS. Hours. Min.
100. USUAL OCCUPATIO during most of work Housewif	ng life, even if retired	done 10b.		Home			r foreign cou		12, CIT		A .
13. FATHER'S NAME	D 11 1				14. MOTHER'S						- 12
W. Henr	y Baldwi		SOCIAL SECTION	TY NO. 17	INFORMANT	rah A	1. ET	verett	rest	RDZ	
	If yes, give wor or dates of s		None		Clifton	Lill	ler	Emmit			Marhland
Conditions, if an gave rise to in couse (a), stoting t lying cause last.	nmediate (	Sky	10 7	TO DEATH BU	ardio I	S THE TERMIN	L'ALL DISEASE	CONDITION GIV	SALL SWEZ VEN IN PAR	2 al 3	Years  9. WAS AUTOPSY PERFORMED? YES IN NO IN
3 20c. TIME OF INJURY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER  Month, Day, Ye	or 20d. II	NJURY OCCUR	RED 20e. P	ED. (Enter noture of LACE OF INJURY (poctory, street, affici	(Home, form,	20f. (City o	400	(0	County)	(State)
21. I certify the alive on	under the second of the second	00 00	ed fram	Thu	1 194	2 to 145	er 3 M, from		and on t		aw the decease te stated above DATE SIGNED
220. BURIAL, CREMATION BUTTA	12-7-58	F	22c. NAME (		Cemete		22d. LOCATIO	on (City, town, Cky Ric	1	М	(Stote)
Raymond E	SIGNATURE Creage	r.	ADDRESS	nont.	Md.	240. REC'D	BY REGISTR		STRAR'S SIG	0 1	

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VS A1S (4) 1SM 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13749 **CERTIFICATE OF DEATH** 

13724 Rea. Dist. No.

1. PLACE OF DEATH a. COUNTY Fre	ederick		MARY	LAND	2. USUAL RES		here deceased Maryla	lived. If instituti nd b. COUNTY	-	before of	
b. CITY OR TOWN ( RURAL ond give n Lander		its, write	c. LENGTH OF STAY  Months	IN 16	c. CITY OR		outside carpor	ate limits, write R	URAL and gi	ve nearest	town)
OR INSTITUTION	TAL (If not in hospitol, or Nursing H		address)		d. STREET		Third S	Street		0	RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED (Type or print)	MARG		Middle E •		MAS:		4. DATE OF DEATH	Mor		Doy 21.	Year 1958
s. sex Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRI		B. DATE OF BIRT	гн		9. AGE (In years last birthday) 75? yrs.			INDER 24 HRS.
10a. USUAL OCCUPATION during most of wor Domestic	king life, even if retired	dane 10b.	KIND OF BUSINESS O				or foreign co		12. CITIZ	USA	HAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	S MAIDEN N	NAME				
	Eugene Wel	ls				Sarah	E. Wel	lls			
1S. WAS DECEASED EVE (Yes, no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give wor or dates of s NO	ervice)	social security no		mily Re	cords		Add	ress		
PART I. DEA  420./  Conditions, if a gave rise ta i cause (a), stating lying cause last.	mmediate (		orndry	im	Command to the not related to	rlo.	ot,	CONDITION GIV	YEN IN PART	ONSET	AS AUTOPSY
CATI	enul	d	ement	U.						YES	RFORMED?
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY O		CE OF INJURY				150	unty)	(State)
20c. TIME OF INJUR Hour a. m. p. m.	19	While at war	Nat while	fact	tary, street, affic	e bldg., etc.	.)	ar town,	(Co	only)	(Sigre)
alive an Actual SIGNATURE	Charles of the legical of the legica	195		death	accurred at	ofessi	ADDRESS (SI	the causes of eet, city or town, Building	ind on the	e date s	the deceased tated abave. DATE SIGNED 2/23/58
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	Dec - 27.1	-10	Creenwood		CREMATORY		22d. LOCATI	ON (City, tawn, o	987		(State)
23. FUNERAL DIRECTOR		70_	ADDRESS	cent	every	240. REC'I	D BY REGISTR	eling.	TRAR'S SIGN		irginia
M. R. Et	chison & Se	on, F	rederick,	Mary	land		C 2 9 '5		Thung &		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13725

	13750 CERTIFICATI	E OF DEATH	g. Dist. No.
	1. PLACE OF DEATH o. COUNTY Frederick MARYLAND 2.	USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE Maryland b. COUNTY	esidence before odmission) Frederick
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Knoxville-Rural- R.D.#1  7 Years	c. CITY OR TOWN (If outside corporate limits, write RURAL Knoxville-Rural-R.F.I	
0	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ROSEMONT	d. street address Rosemont	e. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) MINNIE MYRTLE	McGAHA 4. DATE Month OF DEATH Decemb	ber 29, 1958
1	Female White WIDOWED DIVORCED Ju	une 13, 1891 (St birthday) Mon	NDER 1 YEAR IF UNDER 24 HI
	10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)  Domesticand Seamstress— Own	111. BIRTHPLACE (State or foreign country) 12  Kentucky	USA
	James H. Tansell	4. MOTHER'S MAIDEN NAME Unknown	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFOI (Yes. no. or unknown)   111 yes. give wor or dates of service)   214-01-7321   Mr. • 1	RMANT Address Lee W. McGaha—Same as Item #	#2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ocolumn	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last.	- C-V-R drawn	j
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPS PERFORMEDS YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	inter nature of injury in Part I ar Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 19	OF INJURY (Home, farm, 20f. (City or town), street, affice bldg., etc.)	(County) (Sta
	21. I certify that I attended the deceased from 1.2.29 olive on 1.2.39, and that death occurred signature M.D.	curred of 8:30A M, from the couses ond of ADDRESS (Street, city or town, stote)  25 Petersville Road,	
1	PHYSICIAN'S Dr. C. E. Pruitt	Brunswick, Maryland	
	220. BURIAL, CREMATION, 22b. DATE THEREOF BUT 121 (Specify) Jan 2,1958 Mount Olivet		Maryland
60	M. R. Etchison & Son, Frederick, Marylan	240. REC'D BY REGISTRAR 24b. REGISTRAR	SSIGNATUREA

VS A15 (4) 15M 10/57

ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 hours after death. Page 4

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	(a) 100 m	
	21.7-18 mm . 1950	
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And the second s	noll of the property to the time.	The state of the s
W. 10	noll of the property to the time.	

VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	13751	CERTIFIC	ATE OF DEATH		Reg. Dis	1. No.
1. PLACE OF DEATH a. COUNTY Frederic	r k	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If		
b. CITY OR TOWN (If outside or RURAL and give nearest town		C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If as	itside corporate limits,	write RURAL and g	ive nearest town)
d. NAME OF HOSPITAL (If not	elle	do yro.	1x Walke	rsville		
OR INSTITUTION	in nospital, give street	adaress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First	LEO Middle	MILLER	4. DATE OF DEATH	Manth Dec.	Day Year 3 0 19 57
5. SEX 6. COLO	R OR RACE 7. MARR	IED NEVER MARRIED DIVORCED	8. DATE OF BIRTH Oct. 8. 1915	9. AGE (I last bir		1 YEAR IF UNDER 24 HI Days Hours Min.
10a. USUAL OCCUPATION (Give k during most of working life, ex	ind af wark dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State of	or foreign country)		ZEN OF WHAT COUN
13. FATHER'S NAME	- 17	ouse-employe	14. MOTHER'S MAIDEN N	AME	0	U.S.A.
gol mil	Con.	V	81:40 111			
15. WAS DECEASED EVER IN U. S.		SOCIAL SECURITY NO. 17.	INFORMANT	regamen	Address	,
(Yes, hol or unknown)   If yes, give w	var or dates of service)	20-10-74277	mrs. Q. Lea Mi	down 11/2	1 kommil	100 ml
18. CAUSE OF DEATH [Enter	only one cause per lin	ne for (o), (b), and (c).}		the true	Mary Mary	INTERVAL BETWEEN
PART I. DEATH WAS C		ronary the	maline.			ONSET AND DEATH
420.1	DUE TO	0	0	TEVEL HOLD		man
Conditions, if ony, which	) (b) a	the incluse	tuccin			10 hours
gave rise to immediate case (a), stating the under- lying cause last.	DUE TO	<del></del>	×(-, -, -, -, -, -, -, -, -, -, -, -, -, -			5
PART II. OTHER SIGNIF	177	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITI	ON GIVEN IN PART	1(a) 19. WAS AUTOPS PERFORMED? YES NO F
PART II. OTHER SIGNIF  200. ACCIDENT WAS UNDERLOOF CONTRIBUTING CAUSE  (IF EITHER, NOTIFY MEDICAL I	YING   20b. DESC OF DEATH EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	art 1 ar Part II of item	18.)	
20c. TIME OF INJURY Manth, Hour o. m. p. m.	Day, Year 20d. It While at worl	Not while f	PLACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(C	ounty) (Stat
21. I certify that I atte	ended the decease	ed fram lent	, 19.5 <sup>-</sup> 7 ta_3	ODEC	1958, that I le	ast saw the decea
alive an 29 De	195	and that deat	h accurred at 1 A			e date stated abo
	CH			DDRESS (Street, city of		DATE SIGI
SIGNATURE SIGNATURE	ma M	our to	M.D. Wall	rewell	1 Med	12/3/138
PHYSICIAN'S JAME	s E. S-	TONER JR			, , ,	
220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	2/59	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City. Walkers.	tawn, ar caunty)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATU	JRE	ADDRESS	/ 24g. REC'D	BY REGISTRAR 24	REGISTRAR'S SIG	NATURE
G.C. Barton	We	elkersville	md. DATE JA	N 5 '59	arthur 8.	. Thank

		CERTIFICA	
	Lat Later Street		
	Waff -		

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22a. BURIAL, CREMATION, 22b. DATE THEREOF

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

rederick, Maryland

**ADDRESS** 

22c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24g. REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE arthur & Kraus

22d. LOCATION (City, town, or county)

Frederick, Maryland

Rea. Dist. No.

. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED? YES NO NO

(State)

(State)

27

(County)

Months

ON A FARM?

YES NO X

Year

HTARGEO STADRITION RIVEL THE PARTY OF THE P . . . egoes pioned feet THE RESERVE OF THE PROPERTY OF This general territory and a first section of the first section of the section of STEED ON THE STEED . JOSEPH

THAT THE PROPERTY OF HEALTH SALTIMORES IS

### 13719 CERTIFICATE OF DEATH

Reg. Dist. No

	7.4	0 2 4	,							Keg. Di	21. 140.	
1. PLACE OF DEATH o. COUNTY	Frederick		MAR	YLAND 2.	USUAL RESI		ore deceose		If instituti COUNTY	-	reder	
b. CITY OR TOWN (I RURAL ond give no Frederick	f outside corporate limit earest town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR	-	deric		nits, write R	URAL ond	give neare	est fown)
OR INSTITUTION	Memorial H				d. STREET A	odress 9 Tra	il Av	ente				IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fin CHAR		Middle WIL	LIAM	MORR		4. DATE OF DEATH		Dece	mber	Day 14.	Yeor 19 58
s. sex Male	6. COLOR OR RACE White	7. MARRIE			ATE OF BIRT	н 1926		9. AGE lost 32	(In years birthday) yrs.	IF UNDER Months		Hours Min.
10a. USUAL OCCUPATION during most of work Drafts	king life, even if refired)		rt Detric			ACE (State				12. CIT	IZEN OF	WHAT COUNTR
13. FATHER'S NAME				1	4. MOTHER'S			7.7				
15. WAS DECEASED EVE	narles Walt			). 17. INFO		llian	McDo	nald	Add			
	(If yes, give wor or dates of se	rvice)	6-28-5359		. Glor	ia E.	Morr	ison			Item	#2
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	mmediate ( Dus TO	m	terre shared	ATH BUT NO	y free to to	tens	ller mai Disea	SE CONI	DITION GIV	/FN IN PAP	3-2	your Was AUTOPSY
260 X 1	rabates	mel	litus RIBE HOW INJURYS	Juve	nile	tus	he					PERFORMEDA YES NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	20d. IN. While of work	Not while of work	20e. PLACE factory	OF INJURY ( , street, office	Home, form bldg., etc.	20f. (Cit	y or tow	n)	((	County)	(State)
actual SIGNATURE	fency V	195 V (	hase		curred of	2:15	P.M., fro ADDRESS (S ch St	m the Street, cit	causes of	and on t	last sav he date	the decease stated above DATE SIGNI
220. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEM						ity, town,			(State)
Burial 23. FUNERAL DIRECTOR	Dec. 7,1	750	Rosedale	Cemete	ery	240 PFC"	Mar D BY REGIS			West		
	ison & Son	Fre		arvlan	i	DATEC	8 '58			hug 8. 9		

aneral director, d be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIFFORE After this certificate has been signed by the attending physician and completely filled in by page 3 shauld a detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs offer death. TO FUNERAL DIF VS A15 (4) 15M 10/57

THE STATE OF DEATH State II and a state of the sta e a the literal page THE TEST, NO TROOMS district of the commence of th in exampled x atm, and each, mayband to 00

TO HOSPITAL OR

VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	137	53	CERTIFI	CATE	OF DEATH	1		Reg. Di	st. Na.		010
b. CITY OR TOWN RURAL ond give NEAR AD	FREDERIC ((If outside corporate liminecrest town)		MARYLAN LENGTH OF STAY IN	Ib c.	MARYI CITY OR TOWN (IF O	AND utside carpo	b. COUNTY	FRE	DERI	CK	
	PITAL (If not in haspital, a		ryland.		STREET ADDRESS		ADAMSTOWN			IS RES	FARM?
3. NAME OF DECEASED (Type or print)	PETER fir		AMIE Middle	OEL	Lost	4. DATE OF DEATH	DECEMBE		20°		Year 1958
5. SEX Male	6. COLOR OR RACE white	7. MARRIEI	DIVORCED	- A	or. 13, 18	78	9. AGE (In years lost bythday) yrs.	Mghths	1 YEAR	Hours	ER 24 HRS. Min.
during most of w	TION (Give kind of work or orking life, even if retired received	)	nd of Business or in			Illin			USA .	WHAT	COUNTRY
	Frances	Jose				amie					
15. WAS DECEASED E (Yes. no. or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	4-36-0404	7. INFORM	1.1	. н.	Addi S. Handorendi		Lbur		
PART I. D  Conditions, if gove rise to couse (o), stotic lying couse las	immediate DUE TO	, As	tein se d esente						ONSE G	da	DEATH
20g. ACCIDENT	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)		BE HOW INJURY OCCU							PERFO	ORMED?
20c. TIME OF INJ Hour a. ; p. n	10	or 20d. INJI While at work [	Nat while	PLACE OF factory, str	INJURY (Home, farm, eet, office bldg., etc.)	20f. (City	or town)	(0	County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I oftended the Heart G. G. Human B.O. THOMAS,	125 M.D.	, and that de	M.D	treder	_M, fran	n the couses a treet, city or lown,	nd on th		e state	
220. BURIAL, CREMAT REMOVAL (Speci BURTAT. 23. FUNERAL DIRECTO	IL/LL/	88	St. Pauls  ADDRESS FREDERICK	Cemet	ery		FOIRT OF	Rock		(State	e)

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	THE STATE OF THE S	AND STOCKS	MCMOLINION LEDINAL

MARYLAND ST	TATE DEPARTMENT OF HEALTH—BALTIM	ORE, 18
13720	CERTIFICATE OF DEATH	R
1. PLACE OF DEATH o. COUNTY	MARYLAND  2. USUAL RESIDENCE (Where deceased lived o. STATE	. If institution: b. COUNTY

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Fredorick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Fielder
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  73	c. CITY OR TOWN (If autside carporate limits, write RURAL and give recorest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The Clerch Mount Heaft	d. STREET ADDRESS 40 East Patruh  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print) MARY BLANCHE (	BENDERTER DEATH DEC. 3 1958
FEMALE WHITE WIDOWED TO DIVORCED .	8. DATE OF BIRTH  Nov. 15 1885 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired)  House Wife	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  SA.
Augustus RowE	BARBARA SCHRODEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN  (Yes, no. or unknown)  // (If yes, give wor or dates of service)  // // // // // // // // // // // // //	T. WM Clanderfer Frederic Ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  Cause (a), stating the underlying cause last.	- landiserne ONSET AND DEATH  - detalletus melitis 57/10-f
No.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO   D. (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)   ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State)
21. I certify that I attended the deceased from 1950 alive an 125. 3. 1258, and that death ACTUAL SIGNATURE BUSINESS AND AS SAME (Type)	occurred atM, fram the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNEY  M.D
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 12/6/58 Mt. Ohl	R CREMATORY 22d. LOCATION (City, town, or county) (State)  FREDERIEN MI)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hary E. Carts Con Frederich	MO DATE DEC. 8 158 CT 1 - 0 4

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3 9 St 1/4		PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN ASSESSMENT OF THE PERSON NAMED
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	10 11 78	A Se parcer
		STORY THE REST MENTAL OF STREET

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Heplih, b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) and give negrest town) mian d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE delay is ne te funeral d retained f ON A FARM? Box 12 YES NO DE 3. NAME OF Middle 4. DATE DECEASED Claude Robert (Type or print) DEATH 195 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours DIVORCED T ond 1, 2, 3. Poge 5 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Give Pages 1 h form PM3. File pages pages ent with 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Address No 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). along INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stoting the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY pasa PERFORMED? ief Medical l YES 1 NO V 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) While Not while foctory street, office bldg., etc.) Not while of work at work 21. I certify that I taok charge of the remains described above, held an Autapsy Inquiry P Inspection X and in my apinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER shauld FUNERA DEPUTY MEDICAL EXAMINER NAME (Type) 229. BURIAL CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY Burial Burial 40 Dec.15 New Market New Market. Market Md ADDRESS 240. REC'D BY REGISTRAR Damascus, Md. VS. A15ME

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DATE DEC 1 6 '58

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HTAIR OF TRANSPORTS CERTIFICATE OF DEATH SI XOI . of . towner wall Boo. 15, 1998 New Market Assausous, Ed.

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MARYLAND S	STATE DEPART	MENT OF HEALTH	-BALTIMORE, 18
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**CERTIFICATE OF DEATH** 

	13	755	CERTIFIC	CAT	E OF DEATH	1		Reg. Dist	-	0100
1. PLACE OF DEATH o. COUNTY	rederick		MARYLANI		USUAL RESIDENCE (Who o. STATE	ere deceased	lived. If institution b. COUNTY	_	e before odr	nission)
b. CITY OR TOWN (I	f outside corporate lim	its, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If o		ote limits, write RI			own)
RURAL and give ne	earest town)			,			ore monts, write he	JAME ONG BI	The medical in	,
Braddock	HELGHUS AL (If not in hospitol, s	rive street	3 Weeks	- 1/	d. STREET ADDRESS	derick			1- 15	RESIDENCE
OR INSTITUTION				1		Tourshi	Chanal		10	A FARM?
	Con. & Res				110 East		Direct		YES	□ NO [ <b>2</b> ]
3. NAME OF DECEASED (Type or print)	B	essie	Middle LENA		PURDY	4. DATE OF DEATH	Decer		5,	Yeor 1958
5. SEX	6. COLOR OR RACE	7. MARI	RIED 🔏 NEVER MARRIED 🗌	] B. C	DATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS.
Female	White	WIDOW	ED DIVORCED	Ji	me 4, 1887		71 yrs.	Months	Days Hou	irs Min.
On USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR IN			or foreign co	untry)	12. CITI	ZEN OF WH	IAT COUNTRY
Housewif	ing life, even if retired	)	At Home		Vir	ginia		T	ISA	
3. FATHER'S NAME			110 110410	1	4. MOTHER'S MAIDEN N				7046	
Henn	y B. Thave				Mor	y Butl				
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17	INFO	RMANT	y Dutos	Addr	A11		
(Yes, no. or unknown)	(If yes, give war or dates of s	service)				D			40	
No	No			ML.	Garrett L.	Puray-	Same as	TUER		
	TH [Enter only one co TH WAS CAUSED BY:	ouse per li	ne for (o), (b), and (c).]		0				ONSET A	BETWEEN ND DEATH
0.	IMMEDIATE CAUSE (	)	icia com	my	orchesis	ù ·				
520×	DUE TO		0 1-1 00	1	mo The					
Conditions, if a		1 /	artist 1	nea	mo There	2			960	rechy
gave rise to it							11-1-15			
lying couse lost.	) (0	:)(:								
PART II. OTH	IER SIGNIFICANT CON	DITIONS O	CONTRIBUTING TO DEATH E	BUT NO	T RELATED TO THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	PER	AS AUTOPSY REORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE NOW INJURY OCCUP	RRED. (E	inter nature of injury in f	Part I or Port	II of item 1B.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	ar 20d. II While of wor	_ Not while _	PLACE factory	OF INJURY (Hame, form, , street, office bldg., etc.	20f. (City	or town)	(Co	ounty)	(State)
21. I certify th	at I attended the	deceas	ed from anil		1937 to	Lec	5 , 1958	that I le	net caw th	a decease
alive on	OR V	10 5			curred at 2:00A		Ala annua	A1.	721 20W II	. I I
Olive Oil	- <del> </del>	, 17	, and mar dec	JIN OC			eet, city or town,		e date st	DATE SIGNES
ACTUAL T	1 L Laure		To land	/				siole <sub>l</sub>	10/6/	1000
SIGNATURE	Truru	mu,	2 aming	M.D	East Secon	id bere	ee.,		12/0/.	1720
PHYSICIAN'S H	. L. Fahrn	еу			Frederick,	Maryl	and			
220. BURIAL, CREMATIO	N, 22b. DATE THEREC	)F	22c. NAME OF CEMETERY	OR CI	REMATORY	22d. LOCATI	ON (City, lown, o	r county)	(5	itote)
REMOVAL (Specify) Burial	Dec.8.19	58	Mount Oliv	et (	Cemeterv	Fred	derick.	Marvi	and	
23. FUNERAL DIRECTOR			ADDRESS			D BY REGISTR		TRAR'S SIGI		
M. R. Etch	ison & Son	, Fre	derick, Mary	land	DATEC	9 '58	Orth	un 8.40	raus	



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VS A15 (4) 15M 9/55 

13721	CERTIFICATE	OF	DEATH

1. PLACE OF DEATH O. COUNTY  THE ALTRIA R  MARYLAND	2. USUAL RESIDENCE (Where do a. STATE	eceased lived. If institution b. COUNTY	n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown).	c. CITY OR TOWN (If outside	corporate limits, write RL	IRAL ond give nearest town)
Frederick 6 mo.	X Walkers	relle	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Wynolle huroing Home melitary Rd. Fred. No	1.		YES NO
3. NAME OF DECEASED (Type or print) AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	P	DATE Mont	h Day Year
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	NAMSBURG   1	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED	July 20, 1879	lost birthday)	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	STRY 11 BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	marula	d	U.SA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Leorge H. Cramer	annie y	ernand	
	NFORMANT	Addre	255
(Yes, no. or unknown) (If yes, give war or dates of service)	is Harry Fra	uta unek	ersulle md
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),		7	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Ini.		ONSEL AND DEATH
IMMEDIATE CAUSE (6)	WIAL		magn
0.1. 1. +	0 110		1500
Conditions, if any, which ) (b) Why Clark	((1)		Jan
gave rise to immediate Carse (o), stating the under-			
lying cause lost.			
	NOT RELATED TO THE TERMINAL I	DISEASE CONDITION GIVE	N IN PART 1/21 19 WAS ALITOPSY
CATIC		JOSEPH CONTINUE OF THE PROPERTY OF THE PROPERT	PERFORMED? YES NO
20s. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I	or Part II of item 18.)	
	ACE OF INJURY (Home, form, 20	f. (City or town)	(County) (State)
	tory, street, office bldg., etc.)		(Society)
		Day Dr	
21. I certify that I ottended the deceased from	, 19 <u>D</u> Q, to <u>D</u>	, 1858	that I lost saw the deceosed
alive on 1 Dec 19,58, and that death	occurred of 6 A M	, from the causes a	nd an the date stated above
(4'0	ADDR	ESS (Street, city or town, s	tote) DATE SIGNED
ACTUAL MANAGEMENT	- Walle	-00	11.1 12/9/50
SIGNATURE . SUMMA	M.D.	ANN X	144 171120
PHYSICIAN'S JAMES E. STONER, 14		/	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d.	LOCATION (City, town, o	r county) (State)
REMOVAL (Specify) 12/10/58 Hada Round	uto	1 la Chan	80. med
The state of the s	al well	UL LIGITANI	it mg.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY		TRAR'S SIGNATURE
J. C. Barton, Walkersville,	nd. DATEEC 1 1	158 Chillin	in S. Phank

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No. 17		
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		137	56 CERTIFIC	ATE OF I	DEATH			Reg. Dist. No.	LUI
	PLACE OF DEATH o. COUNTY Fre	derick	MARYLAND	o. STATE	IDENCE (Where		COLINITY	Residence before Frederi	
	Jefferson	If autside carporate limits, write earest town). —Rural	c. LENGTH OF STAY IN 1b		town (If outside Jefferso			AL and give nea	arest tawn)
	d. NAME OF HOSPI OR INSTITUTION Near Jeff	TAL (If not in hospital, give streems on	eet address)	d. STREET A	ADDRESS Vear Jef	ferson			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	First LEWIS	Middle HOWARD	RENN, SR		DATE OF DEATH	Manth Dec	ember 1	
	sex Male		ARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRT	Н	lost	E (In years IF		Hours Min,
100	during most of wor Carpente	king life, even if retired)	Ob. KIND OF BUSINESS OR IND Construction		IACE (State or for	oreign country)		12. CITIZEN O	F WHAT COUNT
13.	FATHER'S NAME				MAIDEN NAM				
	Cephas N				nie Kell	er.			
	No No	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		informant Irs. Bess	sie Renn	(Same	Address as it		
PICATION		mmediate the under to (c) (c) HER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BU					I IN PART I(a)	9. WAS AUTOPS: PERFORMED? YES NO
L CERTIFI	OR CONTRIBUTING	AS UNDERLYING   20b. D CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURR	ED. (Enter nature a	of injury in Part	l ar Part II af i	tem 18.)		
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	Wh		LACE OF INJURY ( octory, street, affice	(Home, farm, 2 e bldg., etc.)	Of. (City or tow	n)	(County)	(State
,	actual SIGNATURE	and I attended the dece 2	artin	м.в. 35	10:45A <sub>N</sub>	n, fram the RESS (Street, ci	couses and	on the dat	te stoted aba DATE SIGN Dec 195
220	BURIAL CREMATIC REMOVAL Specify	226. DATE THEREOF 12-15-58	22c. NAME OF CEMETERY C			Jeffers			(State)
	FUNERAL DIRECTOR		rederick, Mary	land	240. REC'D 8Y	REGISTRAR	24b. REGISTR	AR'S SIGNATUR	RE

TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely filled in by the funeral director.

MINAROUS TO SHEET THE STATE OF Marine J. L. Parline III THE THE PERSON AND THE PERSON OF THE PER USC III commo all 28 4 2 6 6 6 and the same of th

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	10	60	CERT	IIICA	IL OI	DLAII			Reg	Dist. No	). T	
1. PLACE OF DEATH a. COUNTY	Frederick		MAR	YLAND	o. STATE	Mary]		d lived. If inst b. COUI		days.	ore odmiss deri	
b. CITY OR TOWN THURAL and give Thur Mor	(If outside corporate limits, neorest lown).	write	Minute	114	Chipman	stown (If or	7627	rote limits, wri		ond give ne	earest town	n)
d. NAME OF HOS OR INSTITUTION	PITAL (If not in haspital, give N	street o	kdress)		d. STREET	ADDRESS					ONA	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Frankli:	n F	Middle I. Rice		l	ost	4. DATE OF DEATH	Dec	Month Cembe			Yeor 19 5
5. SEX male		IDOWED	DIVORCE	ED 🔲	Dec.	5, 18	1 40	9. AGE (In ye last by halo	ors IFUN y) Mont	ths Doys	Hours	ER 24 HRS. Min.
100. USUAL OCCUPA during most of w Karmer	TION (Give kind of work dor orking life, even if retired)	10b. K	Own F	arm	Y 11. BIRTH	PLACE (Stote of	or foreign c	ountry)	12.		S.A	COUNTRY
13. FATHER'S NAME					14. MOTHER	'S MAIDEN N	AME					
Eli	David Rice			160		Rosar	n F	ogers				
NO NO	VER IN U. S. ARMED FORCE (If yes, give wor or dates of servi	"21 <sup>L</sup>	-34-233	2 1	ormant	Blanch	ne Sm		Address Lewi	stow		enna
	DEATH [Enter only one couse DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)_	fund .	for (0), (b), and (c)	ace.	Curr	-					ISET AND	
420.	DUE TO	de	1 The line	- 0	clus	6				/	8 30	5
gove rise to couse (o), stating lying couse los	immediate DUE TO											
PART II. C	OTHER SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED	TO THE TERMIN	NAL DISEAS	E CONDITION	GIVEN IN	PART 1(o)	PERFC	AUTOPSY ORMED?
	WAS UNDERLYING 20 NG CAUSE OF DEATH FY MEDICAL EXAMINER)	b. DESCI	RIBE HOW INJURY O	OCCURRED.	(Enter nature	of injury in P	ort I or Pai	rt II of item 18.				
20c. TIME OF INJ	n. 10	20d. IN. While of work	Not while of work			(Hame, form, ice bldg., etc.		y ar town)		(County	)	(Stote)
alive on	that I attended the dizers	ecease , 125	d from 10 -	t death o		4;1	ADDRESS (S		es and o	n the de	ate stat D	ATE SIGNE
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMA	U.G. BOUT	PHO	J7 22c. NAME OF CEA	AFTERY OR	CDEMATORY		224 LOCA	TION (City, to	WD 04 COUR	atul	(Sto	tel
Burial Speci		8	Lewisto			ry		ewisto			vlan	112
23. FUNERAL DIRECT	OR'S SIGNATURE		ADDRESS			-	BY REGIS	TRAR 24b. R	EGISTRAR'	S SIGNATI	JRE	143 18
Raymond	E, Creage	r	Thurmon	t. Mo		DAREC	1 1 '58	a	Thur S	. Krairi	0.	

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LARY AND STATE DEPARTMENT

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		3/1	3						Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	rederick		MARYI		2. USUAL RESIDEN o. STATE Maj	ryland		d. If institutio b. COUNTY	r: Residence		sion)
RURAL and give	(If outside corporate fim neorest town) Taneytown	its, write	10 yrs.		c. CITY OR TOV		de corporate l		IRAL ond give	nearest tow	n)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, i	give street	oddress)		d. STREET ADD	RESS				ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Winf:	ield	Middle Hampt	on	Ridge!		DATE OF DEATH	Mont ecembe		Day	Yeor 19 58
5. SEX Male	White	WIDOW		M	DATE OF BIRTH		8	o yrs.	Months Do		ER 24 HRS. Min.
10a. USUAL OCCUPATI during most of wo Carpent	ION (Give kind of work rking life, even if retired CET	1)	KIND OF BUSINESS OF		Nary		foreign country	')	U.S	N OF WHA	COUNTR
13. FATHER'S NAME					14. MOTHER'S MA	AIDEN NAM	IE .				
Tivis	Ridgely		SELECTION FOR		Unknov	vn					
1S. WAS DECEASEDEV (Yes. no. or unknown) NO	ER IN U. S. ARMED FOI (If yes, give war or dates of	service)	SOCIAL SECURITY NO. 19-20-0299		ormant s. Emma F	Ridgel	y, Tan	Addre eytown		, Mary	land
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Meant	Fa	ilun	Q				INTERVAL B	DEATH
Conditions, if a gove rise to couse (o), stating lying couse tost.	ony, which (bimmediate )		Rheuma nelya-1	Tie	Value	ala	r Heave	it he	wase	200	115
A L	HER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO TH				N IN PART 1(	PERF	AUTOPSY ORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CURRED.	(Enter noture of in	jury in Port	t or Port II of	item 18.)			
ZOc. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. It While of worl	Not while	20e. PLAC facto	E OF INJURY IHON ry, street, office blo	ne, form, dg., etc.)	20f. (City or to	own)	(Cou	nty)	(Stote)
21. I certify to alive an 12	hat I attended the	deceas		death o	19 <b>5.</b> 3, 1	30RN	A, from the		nd on the	date stat	ed abav
ACTUAL SIGNATURE	amble	rJ	hompeson	<u>1</u> м.	o. Tano	1	MESS (Street,	city or town, s	tote)	12/3	ATE SIGNE
PHYSICIAN'S NAME [Type]	E. Amble	r 7	homps			10.4	1000	n_,	והנין	-4/21	id.
220. BURIAL, CREMATIC REMOVAL (Specify Burial	Jan.1.19		22c. NAME OF CEME Harbaugh			_	louzerv	(City, town, or	Penna.	(Sto	le)
23. FUNERAL DIRECTOR	S SIGNATURE FLE	1	ADDRESS		24		REGISTRAR	24b. REGIST	RAR'S SIGNA		
	s & Son.		evtown. Mar	vlan	d 0	ATEJAN 2	'59	Chill	w1 8. Th	and	

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oswill a City	andi markatan	Maria (Maria Second		
		and Constant of the American	t Con. Tue	00 9 0 0

MARYLAND

Frederick

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY b. COUNTY

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director, led with	11)
eral di	

1. PLACE OF DEATH

Frederick

executed within 24 haurs after death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be VS A

Trederick Memorial Hospital   Telephory   Trust   Telephory   Trust   Telephory   Teleph			RURAL ond give ne					c. CITY C	- IF						"
Prederick Memorial Hospital   Niddle   List   4. Date	-	-			ive street	orldress)		2.000		ederi	CK			- 10 000	IDENICE
NAME CTO   First   Middle   Last   4. DATE   DOOR   DOOR	9							/ G. SIKEE	I ADDRESS					ON A	FARM?
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5. SEX  6. COLOR OR RACE  7. MARRIED NOVECED  9. ADE (In your job ACE (In your) of The High Poly Ace (In your) of The High Poly Introduced of Working Most of				man.		Alice	1	22.		OF			r	,	1958
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired own home Manyland U.S.  112. FATHER'S NAME  123. FATHER'S NAME  134. MOTHER'S MAIDEN NAME  GEOTER P. Wiles  155. WAS DECRASEDEVER IN U. S. ABMED FORCES?  165. SOCIAL SECURITY NO. 177. INNORMANT  PART I. DEATH WAS CAUSED BY.  INTERVAL ONSET AI  Conditions, if ony, which gove rise to immediate codite (o), itb), and (c). 1  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 179. WE PER YES  200. ACCIDENT WAS UNDERLYING DOOR ON THE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 179. WE PER YES  200. ACCIDENT WAS UNDERLYING DOOR ON THE CONTRIBUTION OF COURRED (Enter nature of injury in Port I or Part II of item 18.)  210. CITIZEN OF WHAT I CONTRIBUTION OF COURRED (Enter nature of injury in Port I or Part III of item 18.)  211. I certify that I attended the deceased from ADDRESS (Street, city or town) (County)  212. FURTHER OF INJURY Month, Day, Year 20d, INJURY OCCURRED (ADDRESS (Street, city or town, stole)  213. FURTHER OF INJURY Month, Day, Year 20d, INJURY OCCURRED (ADDRESS (Street, city or town, stole)  214. ADDRESS (Street, city or town, stole)  215. FURTHER OF INJURY MONTH, Day, Year 20d, INJURY OCCURRED (ADDRESS (Street, city or town, stole)  216. EACH OF INJURY Month, Day, Year 20d, INJURY OCCURRED (ADDRESS (Street, city or town, stole)  217. BIRTHPLACE (State of Portion of County) (ADDRESS (Street, city or town, stole)  218. ADDRESS (Street, city or town, stole)  219. FURTHER OF INJURY MONTH I Last Saw Item ADDRESS (Street, city or town, stole)  220. FURTHER OF INJURY MONTH I Last Saw Item ADDRESS (Street, city or town, stole)  221. CERTIFY TO THE THE OWN OF THE FROM THE PART ADDRESS (Street, city or town, or county)  222. FURTHER ADDRESS (STREET SIGNATURE ADDRESS 200. RECO BY REGISTARE 200. REGIST		5. S	EX		7. MARI	RIED THEVER MA	RRIED 🗍	8. DATE OF B	IЙН		9. AGE (In years		RIYEAR		
during most of working life, even if retired)  NOUSEWIFE  13. FATHER'S NAME  George P. Wiles  Is. WAS DECRASEDEVER IN U. S. ARRED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  FART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if ony, which gove rise to immediate coffse (e), toling the under lying couse lots.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS DOCUMENTED THAN OF INJURY MONTH MOUTH OF COURRED While Contributing Course lots.  20. ACCIDENT WAS UNDERLYING OF DEATH While Not while of work of the course of injury in Port I or Part II of item 18.)  20. ACCIDENT WAS UNDERLYING OF DEATH While OF INJURY Month, Day, Year 20d. INJURY OCCURRED (Internative of injury in Port I or Part II of item 18.)  21. I certify that I attended the deceased from Says Says Says, 19.57, to 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.			F	W	WIDOW	ED DIVO	CED 🗌	9/11/	1886			Months	Days	Hours	Min
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  PAUL S. RUDDY, Frederick, Md. R. F.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS PER AUGUST BY TEST 10 immediate Course of the purple o	1	10a.	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINES	S OR INDU	STRY 11. BIRT	HPLACE (State	or foreign o	ountry)	12. C	ITIZEN C	F WHAT	COUN
13. FATHER'S NAME  GEORGE P. Wiles  15. WAS DECRASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate codies (o). stoling the under lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONTRIBUTION OF COUNTY IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONTRIBUTION OF COUNTY IN PART I (o) 19. WAS PER II. OTHER SIGNIFICANT CONTRIBUTION OF COUNTY IN PART I (o) 19. WAS PER II. OTHER SIGNATURE  220. BURNAL CREMATION, 276. DATE THEREOF 22. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (city, town, or county) 12. PART II. OTHER SIGNATURE  221. SUBJECT BY REGISTRAY SIGNATURE  2220. BURNAL CREMATION, 276. DATE THEREOF 222. NAME OF CEMETERY OR CREMATORY 222. LOCATION (city, town, or county) 12. PART II. OTHER SIGNATURE  223. FUNERAL DIRECTOR'S SIGNATURE  224. RECI			4			own home			Marvl	and			U.S	3.	
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18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  DUE TO  Conditions, if oncy, which gove rise to immediate course (a), stoling the under lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. We FEE YES  20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. We FEE YES  20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. We FEE YES  20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. We FEE YES  20a. ACCIDENT WAS UNDERLYING AUSE OF DEATH OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) 19. We FEE YES  20b. TIME OF INJURY WAS UNDERLYING AUSE OF DEATH OR WHILE WAS UNDERLY IN THE WAS U		1165.	no or unknown)	IT yes, give wor or dates of s		one	P	aul S.	Rudy	, Fre	ederick.	Md	. R.	F.D	
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200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CENTRY (FETHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CONT		Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPS
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  20c. ONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY   Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)   20f. (City or town)   (County)    21. I certify that I attended the deceased from   20f.   20	0	EV													NO [
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of w			200. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJUR	OCCURRE	D. (Enter natu	re of injury in	Port I or Par	t II of item 18.)	-9-1			
21. I certify that I attended the deceased from 1953, ta 1 December 1953, ta 1 December 1953, that I last saw the alive an 1953, and that death accurred at 1953, from the causes and an the date stop ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ADDRESS (Street, city or town, state)  PHYSICIAN'S NAME (Type) Dr. Melvin E. Lea  22a. BURIAL, CREMATION, 22b. DATE THEREOF 12c. NAME OF CEMETERY OR CREMATORY 12c. NEGISTRAR'S SIGNATURE 12c. NEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 12c. NEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 12c. NEGISTRAR'S SIGNATURE 12c. NEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 12c. NEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 12c. NEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 12c. NEGISTRAR'S SIGNATURE 12c. NAME OF CEMETERY OR CREMATORY 12c. NEGISTRAR'S SIGNATURE 12c. NEGISTRAR'S		Ü	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
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21. I certify that I attended the deceased from 29, 1957, to 7 Dec., 1928, that I last saw the alive an Alackat 1250, and that death accurred at Management 1250, and that death accurred at Managemen		9		19			100	ctory, street, o	rrice blog., erc	c.)					
alive an Alachat , 1252, and that death accurred at ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE B. Lea B. Lea B. Lea C. L.				at Lattended the	deceas	ed from	n 7	9 10 4	R to	TOUC	1048	that I	lost s	au tha	daga
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type) Dr. Melvin E. Iea  PHYSICI			21	AUNUST		de l'									
ACTUAL SIGNATURE M.D. 36 E. Church St. 12  PHYSICIAN'S NAME (Type) Dr. Melvin E. Lea  PHYSICIAN'S NAME (Type) Dr. Melvin E. Lea  PHYSICIAN'S NAME (Type) Dr. Melvin E. Lea  Prederick M.D. 22d. LOCATION (City. town, or county) (Semoval (Specify) Durlat 12/9/1958 Lutheran Cametery Middletown. Md.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	3		dilve dil	V		did ii	iai dealli	accorred	u <i>\u0444</i>				me da		ATE SIG
PHYSICIAN'S NAME (Type) Dr. Melvin E. Lea  PHYSICIAN'S NAME (Type) D	35		ACTUAL //	Muni 6	5-7	5PK		40 %	35	1- 11	bunch	51	1-	12.1	8/1
NAME (Type) Dr. Melvin E. Lea   Frederick   1220. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   (S DUTLAL   12/9/1958   Lutheran Cametery   Middletown.   Md.   23. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   24b. REGISTRAR'S SIGNATURE   ADDRESS   24b. REGISTRAR'S SIGNATURE   ADDRESS   24c. REC'D BY REGISTRAR   24b. REG	1			LECTION OF				m.b			_65/_3-/_6				24-2
REMOVAL (Specify) 12/9/1958 Lutheran Cametery Middletown. Md.  23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	1			r. Melvin	E.	Lea			Fred	eric	12. 11	11.			
burlal 12/9/1958 Lutheran Cametery Middletown. Md.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	F	22a.	BURIAL, CREMATION	N, 226. DATE THEREC	)F	22c. NAME OF C	EMETERY O	R CREMATORY	′	22d. LOCA	TION (City, town,	or county)		(State	e)
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			DULT al	12/9/19	58	Luther	an C	ameter	V				-		
Gladnill Company, Middletown, Md.		23. F				ADDRESS		10000			The second				
DATEJEL 1 30 Current A Thatte			Gladhil.	1 Company	1	Middleto	m.	Md.	D. TOPE	0105	8 0	15 . 0	4	4	

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2750	CERTIFICATE	OF DEATH

Reg. Dist. No.

1	3	7	3	3
- married	-		-	

1. PLACE OF DEATH o. COUNTY  Trederick  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY In A	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Walkersvelle 65 yrs	c. CITY OR TOWN If outside corporate limits, write RURAL and gir	ve nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS Main St.	IS RESIDENCE     ON A FARM?     YES    NO    P
3. NAME OF DECEASED (Type or print) DAS / E TLORA	SAYLOR 4. DATE Month OF DEATH DEC.	Day Yeor
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED DIVORCED	land black david	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)  13. FATHER'S NAME	STRY 11. BIRTHPLACE (State or fareign country)  12. CITIZ  14. MOTHER'S MAIDEN NAME	ZEN OF WHAT COUNTRYS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or deples of service)	INFORMANT Address Address Horine, Walke	roville ma
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	mloris	INTERVAL BETWEEN ONSET AND DEATH MARKET
Conditions, if ony, which gove rise to immediate cottse (a), stating the underlying couse lost.  (b) Orders Alexa	TO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	15 years
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	YES NO Z
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED to the p. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (Coclory, street, office bldg., etc.)	ounty) (Stote)
21. I certify that I attended the deceased from I Sept alive an 26 DX 19 38 , and that death ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) JAMES E. STONER	n accurred at 9.334M, from the causes and on the ADDRESS (Street, city or town, stote)  MALKERS VILLE, MA	
220. BURIAL, CREMATION, PARTIE PROPERTY OF THE	emetery Woodstoro,	(Stote)
B. C. Barten walkersville,	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN DATEEC 3 0 '58	, ATUKE

FILE OF DEATH HYAEG RO BLA	CERTING
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13761

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13741

L		161						Rog. D	Dist. No	٥.	
1.	PLACE OF DEATH		HE E		2. USUAL RESIDENCE	(Where decea	sed lived. If institu	ution: Resid	lence be	fore adm	ission)
	o. COUNTY	rederick		MARYLAND	o. STATE Mam	rland	b. COUNT		made	erick	
	b. CITY OR TOWN (IF	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porote limits, write				
	and give nearest town)	The end and also		hwa	// Then	lamiale					
-		Frederick L OR INSTITUTION (	f not in hos	pital, give street address)	d. STREET ADDRESS	derick				e. ts R	ESIDENCE
						75 - 1	2 2 21			ON	A FARM?
3	Gambrill NAME OF		7.10	A2110			3rd. Str				] NO []
	DECEASED	Fin		Middle	Lost	4. DATE OF	Mont	h	Day		feor
6	(Type or print)	ARTH		GOFF	SHERALD	DEATH		ember	21		9 58
2.	SEX				DATE OF BIRTH		9. AGE (In years last birthday)	Months	Days	Hours	Min.
_	Male	White	WIDOWE		May 16, 190		53 yrs.	MOIIII	Duy.	110013	791011.
10	<ul> <li>USUAL OCCUPATIO during most of working</li> </ul>	N (Give kind of work of life, even if retired)	ione 10b. K	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Sto	te or foreign	country)	12. CI1	IZEN O	F WHAT	COUNTRY
	Interior	Decorator		Own	Marv.			U	SA		
13	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Jan	es F. Sh	erald		Marga	aret. (	Braser				
15	. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT		Address				
1	No. no, or unknown)	(If yes, give war or dates of		1-10-2905 Mrs	. Madeline	R. She	rald- San	ne 25	Tte	m #2	,
F		H [Enter only one cau				110 0110	2.000	ac as		RVAL BETW	
	PART I. DEATI	WAS CAUSED BY	0.7		. Chat Wass	2 - F TI	0	177	ONS	ET AND DE	ATII
-	97/1	MMEDIATE CAUSE (o)	per	f Inflicted Gu	n Snot Wound	d of ra	ace and a	KULL		Inst	
1	116X	DUE TO									
	Conditions, if on gove rise to immedi										
Н	(o), stoting the u										
	couse lost.	) (c)									
0 N	PART II. OTH	ER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINALDISEAS	E CONDITION GIV	EN IN PAI	RT 1(0)	9. WAS	AUTOPSY RMED?
CERTIFICATION										YES 🗌	NO X
TIE	20g. EXTERNAL CAUS	SE WAS	b. DESCRIBE	HOW INJURY OCCURRED. (En	ter noture of injury in Po	ort I or Port II	of item 1B.)				
	CAUSE OF DEATH.	TRIBOTINO E									
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. I	NJURY OCCURRED 200. PLAC	E OF INJURY (Home, for	rm, 20f. (Cit	y or town)	(Co	unty)		(Slote)
VED	Hour p. m.	12/24 15	8 While	Not while w	ry, street, office bldg., et	(c.)					
1	10			emains described abov	e held on Auton	«» 🗀 ı	nspection X.	Innui			Cald
					1930				ry E	, ana	find tha
	deoin resolled	Ironi: 14010101	rooses [	_, Accident □_, Suic	ide 🔼, Homicid	ie [], U	ndetermined o	cause _	1.		
1	ACTUAL	RIDI	m	AA			194			DATE S	SIGNED
	SIGNATURE	aroni	770	ave_	M.D. CHIEF MEDICAL						
	EXAMINER'S	D 0 m			ASSISTANT MEDI				r 5	- 7/	250
	NAME (Type) Dr				DEPUTY MEDICAL	L EXAMINER	8	2	5 D	ec l	150
220	REMOVAL (Specify)	, 22b. DATE THEREO	F	22c. NAME OF CEMETERY OR C	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	e)
	Burial	12/27/5	3	Mount Olivet	Cemetery	Fre	derick. 1	Varvl	and		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		D BY REGIST				RE	
	M. R. Etch	ison & Son	Free	derick. Marylan	d lane	0 0 150	0	0 4	,		

VS. A15ME(5) SM 9/SS

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13723 **CERTIFICATE OF DEATH** 

Ren. Dist. No.

rick		MARYL	AND	o. STATE Mary		b. COUNTY		e perare damiss	sian)
negrest town)	s, write	c. LENGTH OF STAY II	N 1b	-		orate limits, write R	URAL and gi	ive nearest tawr	n)
ITAL (If not in haspital, gi	ive street (	address)		d. STREET ADDRESS	3 & O A	venue			FARM?
		Middle LUTHER	L S	HUFFLER, S	4. DATE OF DEATH			/	Year 19 58
					90	9. AGE (In years last birthday)	IF UNDER T	YEAR IF UND	ER 24 HRS. Min.
orking life, even if retired)				11. BIRTHPLACE (Sto	te ar foreign o				COUNTRY
			1						10.2
L. Shuffler				Irene Poo	ole				
	rvice)				Shuffle			m #1)	n (E
any, which immediate the under-	1	with .  It is a second of the contributing to dear	TH BUT NO		0	SE CONDITION GIV	EN IN PART	PERFO	AUTOPSY ORMED?
AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OC	CURRED. (E	nter nature af injury i	n Part I ar Pa	rt II of item 18.)		1.00	NO Z
10	While	_ Nat while _	20e. PLACE factory	OF INJURY IHome, fa street, office bldg., e	rm, 20f. (Cit	y or tawn)	(Ca	aunty)	(State)
Blother	19.5	s, and that a	death oc	228 N. M	ADDRESS (S	m the causes a dreet, city or town, Sto	nd an th	e dote state	ed above
	F		TERY OR CR		22d. LOCA				
	(If outside corporate limit negrest town)  PICK  PICK  ITAL (If not in haspital, gastrate (If no	(If outside corporate limits, write negrest town)  **PICK**  **PITAL (If not in haspital, give street of Avenue**    First   IRVING     6. COLOR OR RACE   7. MARR   WIDOWE     100	(If outside corporate limits, write negrest town)  TICK  Life  FITAL (If not in haspital, give street address)  AVENUE  First  Middle  IRVING  LUTHEF  6. COLOR OR RACE  WIDOWED  DIVORCED  TON (Give kind of wark dane)  Toking life, even if retired)  haper Operator  Brush Comp  L. Shuffler  VER IN U. S. ARMED FORCES?  If yes, give war or dates of service)  LEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  any, which immediate go the under-  go the under-  VAS UNDERLYING  COMP  COMP	(If outside corporate limits, write negrest town)  TICK  Life  TICK  LITHER S  Avenue  First  Middle  LUTHER S  LUTHER S  LUTHER S  LUTHER S  LUTHER S  LUTHER S  LOOK GRACE 7. MARRIED NEVER MARRIED 22  LOOK Give kind of wark dane lob. KIND OF BUSINESS OR INDUSTRY bring life, even if retired)  haper Operator Brush Company  L. Shuffler  TER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO  (If yea, give war or dates of service)  LIMMEDIATE CAUSE (a)  DUE TO  any, which immediate githe under.  (b)  THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. (c)  THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. (c)  THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. (d)  AS UNDERLYING 20  G CAUSE OF DEATH Y MEDICAL EXAMINER)  LIFE  LIFE  Middle  LUTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. (d)  LIFE  LIFE  Middle  LUTHER S  A. D. D. DESCRIBE HOW INJURY OCCURRED While at work at wor	(If outside corporate limits, write negrets town)  Life  Life    Calify of town (increased town)	(If outside corporate limits, write negret town)  Life  Life  Frederick  // Frederick  // Frederick  Avenue    A DATE   Life	C. CITY OR TOWN (If outside corporate limits, write Ringrest town)   C. 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CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town regret)   C. STREET ADDRESS   C. STREET

uneral director, I be filed with

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should section to use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, or removal, and in any event within 72 maurs after death. TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

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1	SM	TO FUNERAL DIFF OR: After this certificate has been signed by the attending physician and campletely filled in by the directa	(4	7

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13743 **CERTIFICATE OF DEATH** 

		24					Reg. L	Dist. No.	
1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	2. USU o. S		here deceased live	d. If institution: Reside	ence before admi	
RURAL ond give n	If outside corporate limits, vectors town) BCETICK	write c. LENGTH	OF STAY IN 16	c. C		outside corporote l'rederick	imits, write RURAL onc	d give nearest tov	rn)
OP INSTITUTION	TAL (If not in hospitol, give Memorial Ho			d. 9	TREET ADDRESS 432 N	orth Mar	ket Street	ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	WALTER		Middle EDWARD		SINN	4. DATE OF DEATH	Decembe	r <sup>D</sup> 28,	Yeo'58
5. SEX Male	6. COLOR OR RACE 7. White w	and the second second	R MARRIED	B. DATE	of BIRTH	1896 6	E (In years birthdoy) Months	Days Hours	
during most of wor Attorney	ON (Give kind of work done king life, even if retired) at Law	Same	SINESS OR IND	USTRY 11.	10. do.	or foreign country	12. C	USA USA	TCOUNTRY
13. FATHER'S NAME		A day -		14. M	THER'S MAIDEN	NAME			
	C. Edward	Sinn			Mary	Ella Ke	Mauver		
	R IN U. S. ARMED FORCES (If yes, give wor or dates of service WWL			informa		Sinn-Same	as Item #	2	
Conditions, if of gove rise to it couse (o), stoting lying couse lost.	mmediote DUE TO	Mulli	jle_	/ Ny	2 Con	na		Cibral	
CAT	HER SIGNIFICANT CONDITI	Verh	tes 1	Un	hemia			PERF	AUTOPSY DRMED?
	AS UNDERLYING A 206 CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW II	NJURY OCCURR	ED. (Enter	noture of injury in	Port I or Port 11 of	item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.		20d. INJURY OCCUP While Not whi of work of work	le f	LACE OF I	NJURY (Home, for et, office bldg., et	n, 20f. (City or to	wn)	(County)	(Stote)
ACTUAL SIGNATURE	or I attended the de	1258, an	NOW:	h accurr	East Chur	M, from the ADDRESS (Street, ch Street, Maryla	t	the date stat	deceased ed above ATE SIGNET 29/58
	Dec • 31,195		of CEMETERY			22d. LOCATION Frede	(City. town, or county)	I Sio	'e) 'yland
23. FUNERAL DIRECTOR	s signature chison & Son	ADDRES Frederic		yland	2475	D BY REGISTRAR	24b. REGISTRAR'S S	S. Kraus.	

LETTANCE OF DEATH. Displacement with a their princes and that CA. Their Services analyticate from the CA. The Services and All HEREN, MEN The state of the s In the contract of the first that the contract of the contract

haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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		1	372	5 CERT	IFIC	ATI	E OF DEATH	1		Reg. D	ist. No.	-	3/4;
	PLACE OF DEATH	rederick		MAR	YLAND	2.	usual residence (Who o. STATE Maryla		d lived. If institution b. COUNTY		nce befor		ian)
	b. CITY OR TOWN (I RURAL and give m Frederick		s, write	c. LENGTH OF STAY	r IN 16	1	c. CITY OR TOWN (If or		orate limits, write R	URAL and	give neo	rest tawr	n)
	OR INSTITUTION	Memorial I				1	d. STREET ADDRESS	Cast C	hurch St	reet			SIDENCE FARM?
3.	NAME OF DECEASED (Type or print)	Fir ERFE		MAY	e		SPITTLE	4. DATE OF DEATH	Mon Deci	m ember	Do 8		Yeor 1958
5.	Female	6. COLOR OR RACE White	7. MARR	NEVER MARR			ptember 4,	1875	9. AGE (In years last birthday) 83 yrs.	IF UNDE Months	Doys	Haurs	ER 24 HRS. Min.
100	during most at wor	ON (Give kind of work of king life, even if retired) STIC	lane 10b.	At Hon		JSTRY	11. BIRTHPLACE (Stole o	or foreign c	ountry)	12. CI	USA		COUNTRY
13.	FATHER'S NAME	nas Comphei				14	. MOTHER'S MAIDEN N		atherine	Wade			
		R IN U. S. ARMED FOR (It yes, give wor or dotes of si NO	rvice)	SOCIAL SECURITY NO		-	RMANT Lela M. Pa	ge, R	Аdd . F.D.#Ц,		rick	c, Mo	d.
		ATH [Enter anly one ca ATH WAS CAUSED BY: AMMEDIATE CAUSE (a) DUE TO	1	ne for (o), (b), and (c)	an n	un	your of the	to as	rta vit	18		ERVAL BE	
	Conditions, if o gave rise to i cause (o), stoting lying cause last.	ny, which (b)				1							
CERTIFICATION	PART II. OTI			CONTRIBUTING TO DE	ATH BU	T NOT	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PEREC	AUTOPSY PRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (	OCCURRI	ED. (Er	nter noture of injury in P	ort I ar Por	t II af item 18.)				
MEDICAL	20c. TIME OF INJUR Have a. m. p. m.	Y Manth, Day, Yea	While at war	NJURY OCCURRED Not while at wark	20e. P	LACE ( octory,	OF INJURY (Home, farm, street, affice bldg., etc.)	20f. (Cit)	or tawn)	(	(County)		(Stote)
	21. I certify the alive an	at I attended the	decease , 195	~				ADDRESS (S	n the causes of treet, city or town,	ind an I		te state	deceased ed abave ATE SIGNED
	PHYSICIAN'S DIAME (Type)	r. Rex R. I	Marti	n and an		M.D.	East Churc			*****	12	.\.\.\.\.	758

22c. NAME OF CEMETERY OR CREMATORY

St. Paul's Cometery

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

DATEDEC 1 2 '58

Point of Rocks,

24b. REGISTRAR'S SIGNATURE

arthur S. Krays

(State)

Maryland

the registrar prior may be relained TO FUNERAL DIRE VS A15 (4) 15M 10/57

22a. BURIAL, CREMATION,

Burial (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

M. R. Etchison & Son, Frederick, Maryland

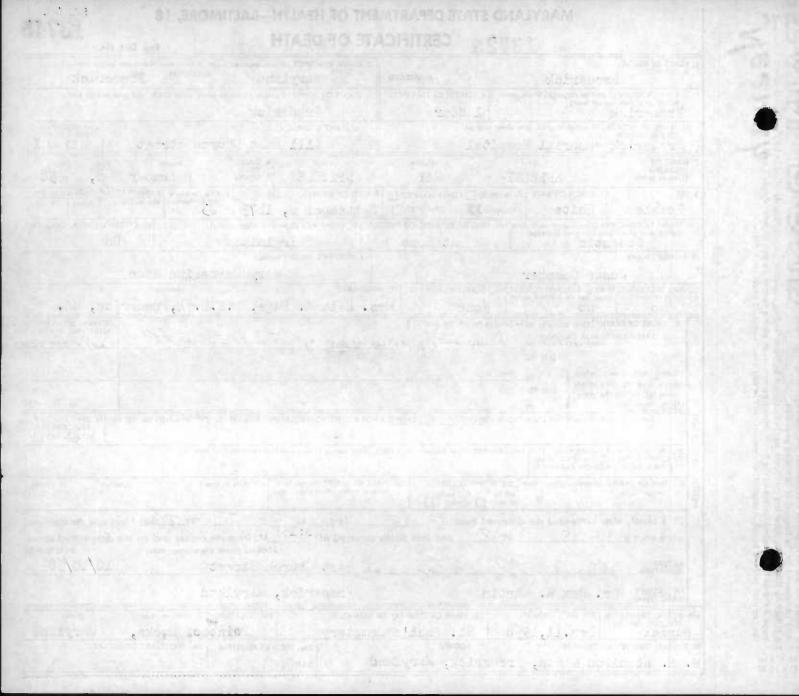
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

hospital ar attending physician.

After this certificate has been signed by the attending physician and completely filled in by

to burial, crematian, or removal, and in any event within 72 hours after death

be filed with neral directar



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VS A1S (4) 15M 9/5S

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13746

13763 CERTIFICATE OF DEATH

	13/03 CERI	IFICA	TE OF D	CAIN			Reg. D	ist. No.	
L	Negerical	RYLAND	2. USUAL RESID o. STATE	ENCE (Who	and	lived. If institut b. COUNT		dries	dmission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STA RURAL and give negrest town)  Revial Thursday		× Wa	own life	otside corpora	te limits, write	RURAL ond	give nearest	town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET AL	DRESS			Total	0	RESIDENCE ON A FARM? S NO 2
3.	NAME OF First Midd DECEASED (Type or print)	lle SS	Stann	e L	4. DATE OF DEATH	Мо	nth 6	Day	Yeor
5.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARI WIDOWED DIVORCE  DIVORCE  DIVORCE  DIVORCE  DIVORCE  THE PROPERTY OF THE PROPERTY		Setel, 24	188	5	AGE (In years lost birthdoy)	Months		Ours Min.
100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farm	OR INDUS	TRY 11. BIRTHPL	ste (Stole o	or foreign cou	ntry)	12. CI	TIZEN OF W	HAT COUNTRY?
13.	John J. Starner		14. MOTHER'S	maiden N	Ba	bons			
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	10. 17. IN	s. Jenn	is Mo	ruin	star	leurs Churs	wont	R.2 )161
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) Coulystate	o.] Oss	ofia Reget	fa:	ec.			INTERVA ONSET	L BETWEEN AND DEATH
	gove rise to immediate cotse (a), stoting the under-lying couse lost.  DUE TO  (c)	elus	tiè C	UD				7	Ele in
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	SEATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GI	VEN IN PAF	PE	REFORMED?
CERTIF	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED	. (Enter nature of	injury in P	ort I or Port I	l of item 18.)		4316	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Not While of work of the of	20e. PLA foci	CE OF INJURY (H ory, street, office	lome, form, bldg., etc.)	20f. (City o	er town)	(	County)	(Stote)
	21. I certify that I attended the deceased fram alive an 19.2 , and the ACTUAL SIGNATURE PHYSICIAN'S THOMAS A. Lay E  NAME (Type) THOMAS A. Lay E	at degth	accurred at	5004	M, fram		and an t		the deceased tated above. DATE SIGNED
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE.	METERY OR	CREMATORY		22d. LOCATIO	ON (City, town,	or county)	(	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE  G. C. Barton Walkerswille	71	. /	24a. REC'D	BY REGISTRAN 5		ISTRAR'S SI	GNATURE S. Kraud	1141.

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 13726

CERTIFICATE OF DEATH

13747

		20		CERTI	FICAT	LOFL	EAIN			Re	g. Dist	. No.		
1.	PLACE OF DEATH o. COUNTY Fr	ederick		MARY	60	USUAL RESID		yland	d lived. If inst b. COU				e odmiss	
	b. CITY OR TOWN (If RURAL ond give ne Frederic	Foutside corporate limi arest town) CK	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T			rote limits, wri k	ite RURA	t ond gi	ve neo	rest town	1)
	OR INSTITUTION	OSPITAL (If not in hospital, give street oddress)  ION ION ION ION ION ION ION ION ION IO		FARM?										
3.	NAME OF DECEASED (Type or print)							OF			er			
5.	Female							5	lost buthdo	Py) Mo		$\rightarrow$		
10	o. USUAL OCCUPATIO during most of work Domestic	N (Give kind of work of ing life, even if retired	1	KIND OF BUSINESS OF At Home	R INDUSTRY		ACE (Stote o Maryla		ountry)		12. CITIZ		F WHAT	COUNTRY
13	Robert T	Danner			1	4. MOTHER'S	MAIDEN NA		Suman					
	WAS DECEASED EVER	R IN U. S. ARMED FOR	ervice)	social security No						Address Ltem	#2			
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mmediate	Con	ne for (o), (b), and (c). Thany wherevo	Oce	lus		d S	Usea	se		ONS	RVAL BEET AND	DEATH.
CERTIFICATION				CONTRIBUTING TO DE							IN PART	1(0) 1	PERFC	AUTOPSY ORMED? NO 🔏
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter noture o	f injury in Po	ort I or Por	t II of item 1B.	.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	While of wor	NJURY OCCURRED  Not while  of work	20e. PLACE foctory	OF INJURY (I , street, office	Home, form, bldg., etc.)	20f. (City	or town)		(Co	ounty)		(Stote)
	actual SIGNATURE	at lattended the sc. 5	12	urner	death oc	curred of	1:00A	M, from	n the cause treet, city or to reet,	es and	on the	e dat	te state	ed abave
22	o. BURIAL, CREMATION	Dec .31,		Mount Ol		_			TION (City, to		ounty)	М	(Stot	
23	FUNERAL DIRECTOR'S		T com	ADDRESS	Marvla	nd	24a. REC'D	BY REGIST		Lithur	- 4			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.: Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIFFECOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should etached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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	13	727	CERTIFICA	AIE OF L	EATH		Re	g. Dist. No.	
1. PLACE OF DE o. COUNTY	FREDERI(	CK	MARYLAND	2. USUAL RESID	MARYL	AND lived	b. COUNTY	FRED ERI	CK (CK
b. CITY OR T RURAL ond	OWN (If outside corporate limi give nearest town) FREDERICI		O Yrs.		OWN (IF out	side corporate li	mits, write RURAL	, and give near	est town)
d. NAME OF OR INSTIT	HOSPITAL (If not in hospital, g ITION FREDERICE	The second second	L HOSPITAI	d. STREET A	DDRESS FREDER	ICK, M	ARYLAND.	e.	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print	) Ira	William	Middle St	tottlenye		OF DEATH	Month Decembe	r 31	Year 19 58
5. SEX	White	WIDOWED	DIVORCED	8. DATE OF BIRTH	1896		62 yrs. Ma		
Line	UPATION (Give kind of work of warking life, even if retired to remain, Election	ical	Electrical			foreign country) k Count		2. CITIZEN OF USA .	WHAT COUNTRY
13. FATHER'S NA	John R. Sto	ottlemyer		14. MOTHER'S Sus		zabeth I	Wolfe		
15. WAS DECEA IYes. ng. or unknown Yes	ED EVER IN U. S. ARMED FOR (If yes, give war or dates of u		10-9419	Wife, Mr	s. Mat	ilda St	Address ottlemye	9.0	
gave rise cause (a), lying caus	s, if any, which to immediate to immediate DUE TO	Confr	UTING TO DEATH BUT	Schr.	THE TERMINA	AL DISEASE CON	IDITION GIVEN II	N PART 1(0) 19	nearest town)  e. IS RESIDENCE ON A FARM? YES NO 1  Day Year 31, 19 58  ARRIF UNDER 24 HRS. A Haurs Min. N OF WHAT COUNTRY  e. Maryland NTERVAL BETWEEN NOSEI AND DEATH NOSEI AND DEATH NOSEI AND DEATH NOSEI AND DEATH STORMED? YES NO 2  Is saw the decease date stated above DATE SIGNER  (State)
PART 20a. ACCIDI OR CONTRI (IF EITHER, I	NT WAS UNDERLYING THE SUTING CAUSE OF DEATH HOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of	injury in Por	t I or Part II af	item 18.)		
20c. TIME OF	INJURY Month, Day, Yes o. jr. p. m. 19	While No	CCURRED 20e. Pl	ACE OF INJURY (Incharge, street, office	lame, form, bldg., etc.)	20f. (City or to	wn)	(County)	(Stote)
21. I cert alive on_ ACTUAL SIGNATURE PHYSICIAN' NAME (Typ)	Part H Ja	12 Sa,	and that death	M.O. 8	2:4011	M, from the DRESS (Street, c	causes and ity or town, state	on the date	stated abave DATE SIGNED
220. BURIAL, CR REMOYAL (	MATION, 226. DATE THEREO		AME OF CEMETERY C	emetery	27	Freder	City, town, or cou		
23. FUNERAU DH	ECTOR'S SIGNATURE	/	DRESS erick Mos	be a few	24a. REC'D I	BY REGISTRAR	24b. REGISTRAR	S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIFFETOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 and 2 and 3 had be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hads after death. VS A15 (4) 15M 9/55

VS A15 (4) 15M 10/57 M

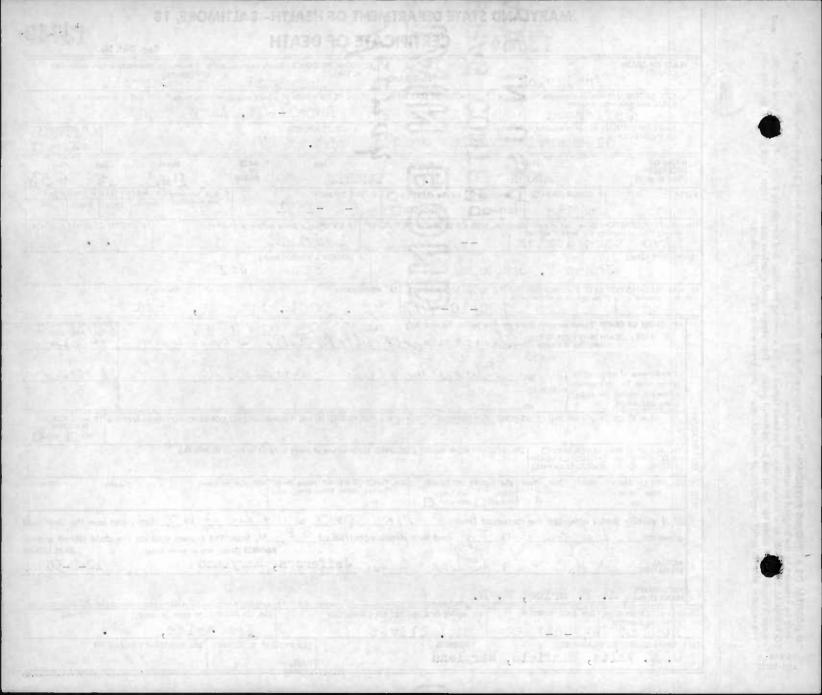
ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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13764 CERTIFICATE OF DEATH

Reg. Dist. No.

13749

1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAND	o. STATE	CE (Where decear	sed lived. If instituti b. COUNTY	ion: Residence	before admission)
RURAL ond give	(If outside corporate limits, nearest town)  offerson	write	c. LENGTH OF STAY IN 16		N (If outside con	porote limits, write R	O G	e nearest town)
	PITAL (If not in hospital, give		oddress) rsing Home	d. STREET ADDR				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	LAWS O			SUMMERS	4. DATE OF DEAT		EC.	Day Year 3 1958
5. SEX male		- MARR		8. DATE OF BIRTH 7-22-18	391	9. AGE (in years last birthday) yrs.		YEAR IF UNDER 24 HRS. Oys Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of work don orking life, even if refired)	ne 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE Mary		country)		EN OF WHAT COUNTRY
13. FATHER'S NAME	Jonas V. S	umm	iers	14. MOTHER'S MA		оу		
15. WAS DECEASED EV [Yes. no. or unknown)	/ER IN U. S. ARMED FORCE (If yes, give war or dates of servi	ce)		Mrs. Eva	M. Sum		ress Same	
Conditions, if gove rise to couse (o), stotinlying couse lost	g the under-	Je	Franchogs	Melass suic Si	arema	ve	ne	onset and death Ho
ICATI			CONTRIBUTING TO DEATH BUT			Fra Right	VEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION	IG CAUSE OF DEATH Y MEDICAL EXAMINER)  JRY Month, Day, Year	20d. It	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hometory, street, office bld	e, form, 20f. (C		(Cov	unty) (State)
ACTUAL SIGNATURE	that I attended the d	19	Sign and that death		PM, fre	om the causes ( (Street, city or town,	ond on the	st saw the deceased dote stated above DATE SIGNED 12-4-58
	ION, 226. DATE THEREOF		22c. NAME OF CEMETERY O		4 1 1 1 1 1 1 1 1	ATION (City, town,		(State)
23. FUNERAL DIRECTO			ADDRESS	240	REC'D BY REG		STRAR'S SIGN	ATURE



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death.

hours after

		1765 CERTIFICAT		
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man to eller only I will !		The State of Linear	u mir beheens Linn	
MINERAL SERVICE AND				
				ENGRALISM (MIR 20/4)
		n Annoble in Bi		
		A CHARGOSING		

12766 CERTIFICATE OF DEATH

13751

	-i.	0000	001(1111)		O DEATI	•		Reg. Dist	. No.	
1. PLACE OF DEATH o. COUNTY	Frede	rick	MARYLANE	11 4	USUAL RESIDENCE (WHO STATE Mary		d lived. If institution b. COUNTY	-	before odmi	RESIDENCE NA FARM? SEN NO D  Yeor 19 58 NDER 24 HRS. Urs Min. HAT COUNTRY A.  L BETWEEN ND DEATH NO DEATH ROWNED? (State)  (State)
B. CITY OR TOWN	(If outside corporate nearest town) BVIII e	limits, write	c. LENGTH OF STAY IN 18 Life	×	s. CITY OR TOWN (IF o		1.0	RAL ond gi	ve nearest tov	
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospite)	al, give street o	ddress)	- 1	d. STREET ADDRESS				ON	A FARM?
3. NAME OF DECEASED (Type or print)	Mary	First M.	Magaman		Last	4. DATE OF DEATH	Dec •	- 1	Day	rest town)  IS RESIDENCE ON A FARM? YES NO 19 IF UNDER 24 HRS Hours Min. F WHAT COUNT!  A.  RVAL SETWEEN ET AND GEATH  OY YES NO 19 (State  W the decease stated abo DATE SIGN  Par 24 J  (Stote) TICL  (Stote) TICL
female	6. COLOR OR RA	Tre titul	ED NEVER MARRIED DIVORCED		arch 9, 1	890	9. AGE (In years last birthday) over yrs.			IS RESIDENCE ON A FARM? (ES NO   Yeor 19 56 UNDER 24 HRS. Hours Min. WHAT COUNTR A.  (State)  (State)  (State)  (Stote)
HOUSEWI	ION (Give kind of working life, even if ret	ork dane 10b. I ired)	Own home	DUSTRY	11. BIRTHPLACE (Stote Mayla		ountry)		A. C. U	
3. FATHER'S NAME Cyrus I	· Lant	Z		14	MOTHER'S MAIDEN N		enour	7		
15. WAS DECEASED EN	/ER IN U. S. ARMED (If yes, give wor or date	of service)	5-36-73.77	INFOR	mant aul Wagam	an	Sabil		ille,	Md.
260 X Conditions, if gove rise to case (a), statin lying cause lost	g the <u>under-</u>	(b) /(y) 10 (c)	ma Censuie	Car	relio Du Velled	und	Pus Dy	uni	10	L'ar
<u> </u>	THER SIGNIFICANT OF THE SIGNIFIC		ONTRIBUTING TO DEATH B					EN IN PART	PERF	ORMED?
20c. TIME OF INJU Hour o. m p. m	JRY Manth, Day,		_ Not while _		OF INJURY (Hame, farm street, affice bldg., etc		y or town)	(Co	ounty)	IS RESIDENCE ON A FARM? (ES A NO   19 5% UNDER 24 HRS Hours Min. WHAT COUNTR A . AND OF ATH WAS AUTOPSY PERFORMED? ES   NO   19 10 10 10 10 10 10 10 10 10 10 10 10 10
21. I certify alive on	that I attended  Lu z y  Robert	A: 7			, 19.47, 10. D curred at 6.43.	M, froi		nd on the	e date stat	
220. BURIAL, CREMATI			22c. NAME OF CEMETERY Blue Rid	or cri	MATORY Cemetery		TION (City, town, on urmont,			ote)
23. FUNERAL DIRECTO	R'S SIONATORE	yn,	Appress	, M	24a. REC'	D 8Y REGIS		TRAR'S SIGN	2 11	

uneral director, be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

D FUNERAL DIRECAR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be cached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shall the registror prior to burial, cremation, or remaval, and in any event within 72 hours ofter death. TO FUNERAL DIRE TO HOSPITAL OR VS A1\$ (4) 15M 9/\$5

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

13752

arthur S. Kraus

	10/66				Reg. Dist. No.
o. COUNTY Fre	derick	MARYLAND	II a CTATE	nd b. COUNTY	in: Residence before admission) Frederick
		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		
		Since-1946	// Freder	ick	
d. NAME OF HOSPIT OR INSTITUTION Last S	AL (If not in hospital, give street econd Street	oddress)	d. STREET ADDRESS 8 East	Second Street	e. IS RESIDENCE ON A FARM? YES NO 20
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle EDWARD	Lost WALKER	OF	
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.
Male	White WIDOW	ED DIVORCED	20 Sept 1887	/ yrs.	Months Days Hours Min.
during most of work	king life, even if refired)				12. CITIZEN OF WHAT COUNTRY
	rmer	rarm Owner			USA
			14. MOTHER'S MAIDEN N	AME	
				baugh	
	If was name were or dotter of service)				
Conditions, if o gove rise to in couse (a), stoling lying couse lost.  PART 1. DEA  Conditions, if o gove rise to in couse (b), stoling lying couse lost.  PART 1. OTHER  OR CONTRIBUTING (IF EITHER, NOTIFY	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  TO  THE SIGNIFICANT CONDITIONS  UNDERLYING   20b. DES  TO CAUSE OF DEATH  MEDICAL EXAMINER)	TEMES DEATH BUT CONTRIBUTING TO DEATH BUT CRIBE HOW WILLY OCCURRE	D. (Enter nature of Jury in P	Port 1 of Port 11 of item 18.)	EN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO 1
Hour o. m.	While	Not while fac			(County) (State)
alive an	of Lottended the decease		occurred at 5:30A	_M, fram the causes a ADDRESS (Street, city or town,	stote) DATE SIGNE
PHYSICIAN'S TO	art A Juma	nbarm			12-2-58
a. COUNTY Frederick  b. CITY OR TOWN (If obtide corporal limits, write RURAL and give necessary)  Frederick  c. LENGTH OF STAY IN 1b  Since—1946  C. CITY OR TOWN (If obtide corporate limits, write RURAL and give necessary)  Frederick  d. NAME OR DESTINAL (In oit in hospital, give steel oddress)  D. BAST Second Street  1. AMREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. MAREOR DESTINAL (In oit in hospital, give steel oddress)  D. SEX WALKER  D. SEX WILLER D. WALKER  D. SEX WILLER D. WORKER DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (Side or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (Side or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (Side or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (SIDE or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (SIDE or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (SIDE or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (SIDE or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (SIDE or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (SIDE or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (SIDE or foreign country)  D. MAREOR DESTINATION OF BUSINESS OR INDUSTRY IN. BIRTHPLACE (SIDE or foreign country)  D. MAREOR DESTINATION OF BUSINESS					
REMOYAL (Specify)	1 10				
			and		7-71-10 P K

DATE

TO FUNERAL DIV TO HOSPITAL OR VS A15 (4) 15M 10/57

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page may be retained by the hospital or attending physician. TO FUNERAL DISCOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 id-be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 I

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EALTH-BALTIMORE, 18

13767 CERTIFICATE OF DEATH

Reg. Dist. No. 13753

1. PLACE O a. COUN		FREDERICK		MAR	YLAND	o. STATE	SIDENCE (WI				FRED			
b. CITY C	RADDO	outside corporate lim carest towal GHTS	its, write	c. LENGTH OF STA	Y IN 1b		R TOWN (IF	outside corpo				ive nearest	town)	
d. NAME OR IN	OF HOSPI	TAL (If not in hospital, of Home of					ADDRESS Spring	g Rd.	Brad	dock	Hgts		S RESIDENCE ON A FARM? ES NO	Y
3. NAME O DECEASE (Type or	D	HENRIKKA		Middle WA	LTER	Wal	ter -	4. DATE OF DEATH		Dec	n zuher	Doy 31	Yeor 195F	-
5. SEX	EMALE	6. COLOR OR RACE WHITE	7. MARRIE	DIVORC	_	DATE OF BI		35	9. AGE ( last bi	rthday)			OURS Min	-
during	OCCUPATION OF WOR	ON (Give kind of work king life, even if retired LKET	done 10b. K	Hone tker			yland	or foreign c	ountry)			USA .	VHAT COUN	TRY
13. FATHER'S	SNAME			1111		14. MOTHE	S'S MAIDEN	NAME					7	
(	OTTO	GEORGE JA	HN			I	MMAREN	ICA BI	ROGEI	MAN				
15. WAS DE (Yes. no. or uni		R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	OCIAL SECURITY NO	Wan	ormant s. Roj	H. Wa	lter,	Bra	ddoc	k Hei	ghts	Md.	
Condi gove couse lying	itions, if a rise to i (a), stoting cause last.  PART II. OT	AS UNDERLYING CAUSE OF DEATH  AS UNDERLYING CAUSE (CONTINUE CONTINUE CONTIN	o) o) o) ditions <u>cc</u>	ONTRIBUTING TO DE	EATH BUT NO	OT RELATED			E CONDIT	ION GIVI	EN IN PART	3 1 (o) 19. y	WAS AUTOPS ERFORMED?	SY
	E OF INJUI our o. 11. p. m.	RY Month, Day, Ye	ar 20d. IN. White of work	Not while of work	20e. PLAC factor	E OF INJURY ry, street, of	(Home, farm ice bldg., etc	n, 20f. (City	or town)		(C	ounty)	(Sta	ite)
alive  ACTUAI SIGNAT  PHYSIC NAME (  220. BURIAL	IAN'S ITYPE)  CREMATIC (AL (Specify)	A SCHOOL  DN, 22b. DATE THEREO  1/3/59	chor LMAN,	M.D.  22c. NAME OF CEA PARKWOOI	MALETERY OR CO.	ccurred c	t 339	ADDRESS (SI	the correct, city	or town, s	nd an th	e date :		ave
23. FUNERA	NEER	S'FUNERAL	HOME	ADDRESS FRED		MD.	24a. REC'	D BY REGIST	RAR 24	b. REGIS	TRAR'S SIG	NATURE		

13754

13108	OEKTII IQA	TIE OI DEATH		Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary		on: Residence before admission) Frederick
PLIPAL and give negret town)	LENGTH OF STAY IN 16	,	utside corporote limits, write R erick-Rural-R	<i>i</i>
d. NAME OF HOSPITAL (If not in hospital, give street address of including convalescent & Res	st Home	d. STREET ADDRESS Hans	onville	e. IS RESIDENCE ON A FARMS. YES NO
3. NAME OF First DECEASED (Type or print) ROSS	Middle HENCH	tost WARRENFELTZ	4. DATE Mon OF DEATH DECE	mber 20, 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED [ Male White widowed [		8. DATE OF BIRTH October 31,	9. AGE (In years last birthday) 71 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Days Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Laborer  New:	o of Business or indus s Paper	TRY 11. BIRTHPLACE (Stole of Maryla)		12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Meridan Warrenfelt:	Z	Annie	Washter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes, no. or unknown) (If yes, give wor or date of service) No No 213		oformant s. Edgar A. V	Frederick RAManFossen, Jr.	Maryland
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise ta immediate couse (o), stoling the under-lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONT	Ryperting	in acclusion	NAL DISEASE CONDITION GIV	ONSET AND DEATH  A CANAL  CEN IN PART 1(a) TO. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED	). (Enter nature of injury in P	ort I ar Part II of item 18.)	YES NO 📶
Hour o. m. While	Not while of work	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the deceased folive on Dec 20, 1958  ACTUAL SIGNATURE H.J. July 1978  PHYSICIAN'S Dr. H. L. Farhaey		occurred at 1:30P	M, from the causes a ADDRESS (Street, city or town, d Street,	ind on the date stated above total (1956)  12/21/1950
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22a	c. NAME OF CEMETERY OF Lutheran Cem	RCREMATORY	22d. LOCATION (City, town, o	or county) (Stote) Maryland
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Freder	ADDRESS erick, Maryla	and	BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE

DATETER

Christ & March

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 R: After this certificate has been signed by the ottending physician and completely filled in by the oched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 sM TO FUNERAL DIRE
poge 3 should b. TO HOSPITAL OR

the registrar priar to burial, cremotian, or remaval, and in any event within 72 haurs after deoth.

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VS A15 (4) 15M 10/57

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		and the second		O BILL			
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	Harris Costonia						
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			er er enderte er er				

E. Greager

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Thurmont, Maryland DATEDEC 1 9 '58

Frederick

Day

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO

Maryland

(State)

Days

(County)

arihung S. Thous

IS RESIDENCE

ON A FARM? YES NO NO

Year

19 58

requires that the death certificate TO FUNERAL VS A15 (4)



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		Astrol Pitt
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		The state of the s

VS A15 (4) 15M 9/55 M

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13770 CERTIFICATE OF DEATH

Reg. Dist. No. 13756

	o. COUNTY	Frederi	ck	MARYLAND	2. USUAL RESIDENCE (W. o. STATE		ved. If institution b. COUNTY		fore admissi	
	b. CITY OR TOWN (I	f outside carporate limits,	write c. LENC	OTH OF STAY IN 16	c. CITY OR TOWN (IF		e limits, write RL	RAL and give r	earest town	) /
		Heights: 1	Md -	15 days	XFrederic	k. Mar	vaand	Route	2	
Г	d. NAME OF HOSPIT	AL (If not in hospital, give	street oddress)		d. STREET ADDRESS	7	0		e. IS RESI ON A	DENCE
		bona Conva	lescen	t Home	1				YES [	NO
ľ	3. NAME OF	First		Middle	Lost	4. DATE	Mont	h I	Day Y	eor
	(Type or print)	Mr. Parke	a gra	T.,	Weller	DEATH	Decem			258
T	5. SEX	6. COLOR OR RACE 7.		NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In years	IF UNDER I YEA		
	MaTe		IDOWED 🗌	DIVORCED [	2:/28/1875		last birthdoy) yrs.	Months Days	Hours	Min.
1	100. USUAL OCCUPATIO	ON (Give kind of work don	e 10b. KIND OF	BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or fareign coun		12. CITIZEN	OF WHAT	COUNTRY
1	during mast-or work	king life, even if retired)	m 011	nen	Marcello	nach		1,0	7	
	3. FATHER'S NAME	D	WI gan	100	14. MOTHER'S MAIDEN	NAME	رمسه	14.		
	Tilling	an Bane	7 hois	+	mition	1/1/10	1/1/10	o-f-		
1	S. WAS DECEASED EVE	R IN U. S. ARMED FORCE	16. SOCIAL	SECURITY NO. 17.	NFORMANT	2 UUS	Addr	ess		
	(Tes, no. or unknown)	(If yes, give wor or dates of seryla)	Min	e M	rs Charles	Brewe	Frede	rich-1	FD2	- Ma
		ATH [Enter only one couse	per line for (o)	, (b), ond (c).]			,		TERVAL BET	
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Br	inche Pr	rumonia				1 en	-
1	904.0	DUE TO	7	nd 90	7 00 -			2000	0	- 11
	Canditians, if a		1/1	actine 1	Ay				) m	ionith
	gave rise to i	DIJE TO								
	lying cause last.	(c)_								
	PART II. OTH	HER SIGNIFICANT CONDIT	IONS CONTRIBL	TING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIV	EN IN PART 1(a)	19. WAS A	
		03	roulitu	a Wille	n				YES 🗌	
	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	LI CAUSE OF DEATH	b. DESCRIBE HO	W INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II	af item 18.)	1 1	2 1	1/1
		MEDICAL EXAMINER)	F9-11 a	it home	2 15091/5	V1/10	14	ontal	0. /	71
	20c. TIME OF INJUR	Y Month, Day, Year	20d. INJURY OF	CCURRED 20e. PL	ACE OF INJURY (Home, far ctary, street, office bldg., et	m. 20f. (City or c.)	town)	(Count	у)	(Stote)
	(p. m)	Sept / 1954	at work at	work 🔼						/
	21. I certify th	at I attended the de	eceased from	n novil	7- , 1958 , to	Dec	1958	,that I last	saw the	decease
	alive on	) ec 2	1958	, and that death	accurred at 123	OM, from	he causes a	nd an the d	ate state	d above
		110	7	1		ADDRESS (Street	I, city ar town,	state)	DA	TE SIGNE
	ACTUAL SIGNATURE	H Lame	all of the	Miny	M.D.	nedes	rch.	ma		
1	PHYSICIAN'S /	hawreno	Fabr	Sell .						
F		N, 22b. DATE THEREOF	22c, N	AME OF CEMETERY C	R CREMATORY	22d. LOCATIO	N (City, Jown, o	r county)	(Stote	)
	REMOVAL (Specify)	12/4/58	MA	notice	1	Beall	sullo	md.		
1	23. FUNERAL DIRECTOR	'S SIGNATURE	AD AD	DRESS	11 - 124a. REC	D BY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT	URE	
	Willias	n B. Hel	lon h	ainesid	Ule, MI DATE	o 4 58	and	hun S. Kra	ud.	

MAL.				
	TAPE TO SERVE		A LONG THE REAL PROPERTY.	
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death.

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TOWN COLUMN TO SHOW IT SO DAYS A SECURITION OF	
THE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO	
	Marie A Service Service

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13730 CERTIFICATE OF DEATH

13758

		0100					wan. Dist.	. 140.
1. PLACE OF DEATH o. COUNTY Fre	ederick	MARY	YLAND 2.	usual residence (vo. STATE Mary		ed lived. If instituti b. COUNTY	MANO. 100	before admission) derick
Frederic	ck	Days	IN 16	c. CITY OR TOWN (I	f outside corp erick	orote limits, write F	URAL ond giv	re nearest town)
	Memorial Ho		1	d. STREET ADDRESS 405 Ea	st Pat	rick Stre	eet	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JOSEP	Middle		YOUNG	4. DATE OF DEATH	Dece	mber	29, Yeor 58
5. SEX Mala	1	7. MARRIED NEVER MARRI	ED   B. DA	rch 9, 18	94	9. AGE (In years lost birthdoy) 64 yrs.	Months De	YEAR IF UNDER 24 HRS. Doys Hours Min.
100. USUAL OCCUPATION during most of work Laborer	ON (Give kind of work do king life, even if retired)	Silo Fatto			te or foreign oryland	country)	12. CITIZI	EN OF WHAT COUNTR
13. FATHER'S NAME	eph Young		14	. MOTHER'S MAIDEN		nmitt		
15. WAS DECEASED EVE (Yes, no. or unknown) Yes	R IN U. S. ARMED FORCE (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO 215-14-1057		MANT George E.	Jacob	8 West	Fourth ick, M	Street, aryland
PART 1. DEA  4 20 / Conditions, if or gove rise to it couse (o), stoting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  (b)_ DUE TO  (c)_	Granter Stubert	1-50	chow nellet	2			INTERVAL BETWEEN ONSET AND DEATH 2 4
5 260X	S UNDERLYING [] 2	Ob. DESCRIBE HOW INJURY O					/EN IN PART 1	1(o) 19. WAS AUTOPSY PERFORMED? YES NO IN
(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year	20d. INJURY OCCURRED While Not while of work of work	20e. PLACE C foctory,	OF INJURY (Home, fo street, office bldg., e	rm, 20f. (Cir	y or lown)	(Cor	ounty) (State)
alive on	at lattended the confidence of	, 19 Ja, and that	death acc	East Sec	ond St	the causes of the treet, city or town,	and an the	st saw the decease date stated abave DATE SIGNI
220. BURIAL, CREMATION REMOVAL (Specify)	Jan -3,1959	22c. NAME OF CEM Mount Ol				TION (City, town, ederick,	or county)	Maryland
23. FUNERAL DIRECTOR'S		Frederick, M	aryland	3	C'D BY REGIS		STRAR'S SIGN	IATURE

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